

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000000743

**FILED**  
**Apr 06, 2011**  
**Secretary of State**

**Entity Name:** SCSF HEALTHPLAN IV, LLC

**Current Principal Place of Business:**

5200 TOWN CENTER CIR, STE 600  
BOCA RATON, FL 33486

**New Principal Place of Business:**

**Current Mailing Address:**

5200 TOWN CENTER CIR, STE 600  
BOCA RATON, FL 33486

**New Mailing Address:**

**FEI Number:** 26-1910489

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** VPAS  
**Name:** MCCONVERY, MICHAEL  
**Address:** 5200 TOWN CENTER CIR, STE 600  
**City-St-Zip:** BOCA RATON, FL 33486

**Title:** VPAS  
**Name:** HAJDUCH, MARK  
**Address:** 5200 TOWN CENTER CIR, STE 600  
**City-St-Zip:** BOCA RATON, FL 33486

**Title:** SRVP  
**Name:** KLAFTER, MELISSA  
**Address:** 5200 TOWN CENTER CIR, STE 600  
**City-St-Zip:** BOCA RATON, FL 33486

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** LAURA LOUIS

POA

04/06/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date