

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000000743

Entity Name: SCSF HEALTHPLAN IV, LLC

**FILED**  
**Apr 25, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

5200 TOWN CENTER CIRCLE, SUITE 600  
BOCA RATON, FL 33486 US

**Current Mailing Address:**

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

**New Mailing Address:**

5200 TOWN CENTER CIRCLE, SUITE 600  
BOCA RATON, FL 33486 US

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

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 VPAS  
Address: 5200 TOWN CENTER CIRCLE, SUITE 600  
City-St-Zip: BOCA RATON, FL 33486 US

Title: VPAS  
Name: HAJDUCH, MARK VPAS  
Address: 5200 TOWN CENTER CIRCLE, SUITE 600  
City-St-Zip: BOCA RATON, FL 33486 US

Title: SRVP  
Name: KLAFTER, MELISSA SRVP  
Address: 5200 TOWN CENTER CIRCLE, SUITE 600  
City-St-Zip: BOCA RATON, FL 33486 US

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

\_\_\_\_\_  
04/25/2012

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