2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2009
Secretary of State

DOCUMENT# P08000080027

Entity Name: SOLUTION MEDICAL CENTER IV, INC.

Current Principal Place of Business:

221 W. WATERS AVE.
A
TAMPA, FL 33614 US

New Principal Place of Business:

4150 N. ARMENIA AVE STE 201
TAMPA, FL 33607 US

Current Mailing Address:

221 W. WATERS AVE.
A
TAMPA, FL 33614 US

New Mailing Address:

4150 N. ARMENIA AVE STE 201
TAMPA, FL 33607 US

FEI Number: 26-3256927 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RAMOS, RICARDO
221 W. WATERS AVE.
SUITE A
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

RAMOS, RICARDO
4150 N. ARMENIA AVE STE 201
TAMPA, FL 33607 US

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: RICARDO RAMOS 02/23/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: RAMOS, RICARDO
Address: 221 W. WATERS AVE.
City-St-Zip: TAMPA, FL 33614 US

Title: D ( ) Delete
Name: DIAZ-TITLE, ARAMYS
Address: 221 W. WATERS AVE.
City-St-Zip: TAMPA, FL 33614 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: RAMOS, RICARDO
Address: 4150 N. ARMENIA AVE STE 201
City-St-Zip: TAMPA, FL 33607 US

Title: D (X) Change ( ) Addition
Name: DIAZ-TITLE, ARAMYS
Address: 4150 N. ARMENIA AVE STE 201
City-St-Zip: TAMPA, FL 33607 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICARDO RAMOS P 02/23/2009
Electronic Signature of Signing Officer or Director Date