eby 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

I hereby 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 all other like empowered.

CEO

SIGNATURE: JOHN POOLE

Electronic Signature of Signing Officer/Director Detail

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F0400003001

Entity Name: LYRIC HEALTH CARE HOLDINGS IV, INC.

Current Principal Place of Business:

7150 COLUMBIA GATEWAY DRIVE SUITE J COLUMBIA, MD 21046

Current Mailing Address:

7150 COLUMBIA GATEWAY DRIVE SUITE J COLUMBIA, MD 21046 US

FEI Number: 38-3702499

Name and Address of Current Registered Agent:

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

Electronic Signature of Registered Agent

Officer/Director Detail :

| Title | Р | Title | D |
|-----------------|-----------------------------|-----------------|-----------------------------|
| Name | NICHOLSON, TIMOTHY | Name | POOLE, JOHN |
| Address | 7150 COLUMBIA GATEWAY DRIVE | Address | 7150 COLUMBIA GATEWAY DRIVE |
| City-State-Zip: | COLUMBIA MD 21046 | City-State-Zip: | COLUMBIA MD 21046 |
| Title | S | | |
| Name | FALLON, JOHN | | |
| Address | 7150 COLUMBIA GATEWAY DRIVE | | |
| City-State-Zip: | COLUMBIA MD 21046 | | |

FILED Mar 12, 2015 Secretary of State CC8149737070

Certificate of Status Desired: No

Date

03/12/2015

Date