

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000031228

FILED
Mar 26, 2007
Secretary of State

Entity Name: TOTAL SENIOR HEALTH CARE MOBILE PHYSICIAN SERVICES, LLC

Current Principal Place of Business:

3368 WOODS EDGE CIRCLE, SUITE 102
BONITA SPRINGS, FL 34134

New Principal Place of Business:

Current Mailing Address:

18 WOODSIDE DRIVE, SUITE 108
NEW CITY, NY 10956

New Mailing Address:

FEI Number: 20-4610368

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOVATT, JEFF M ESQUIRE
CHEFFY, PASSIDOMO, WILSON & JOHNSON, LLP
821 FIFTH AVENUE SOUTH, SUITE 201
NAPLES, FL 34102 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: MGR () Delete
Name: TOTAL SENIOR HEALTH, CARE, LLC
Address: 3368 WOODS EDGE CIRCLE, SUITE 102
City-St-Zip: BONITA SPRINGS, FL 34134

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PCEO () Change (X) Addition
Name: REED, THOMAS W
Address: 1890 SOUTHWEST HEALTH PARKWAY, SUITE 203
City-St-Zip: NAPLES, FL 34109

Title: SVPT () Change (X) Addition
Name: TAYLOR, ROBERT W
Address: 18 WOODSIDE DRIVE, SUITE 108
City-St-Zip: NEW CITY, NY 10956

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: THOMAS W. REED

MGR

03/26/2007

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