2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2008
Secretary of State

DOCUMENT# L06000031228

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:

1890 SOUTHWEST HEALTH PARKWAY
SUITE 203
NEW CITY, NY 10956

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:	PCEO	( ) Delete
Name:	REED, THOMAS W	
Address:	1890 SOUTHWEST HEALTH PARKWAY, SUITE 203	
City-St-Zip:	NAPLES, FL 34109	
Title:	SVPT	( ) Delete
Name:	TAYLOR, ROBERT W	
Address:	18 WOODSIDE DRIVE, SUITE 108	
City-St-Zip:	NEW CITY, NY 10956	
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:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	SVP	(X) Change ( ) Addition
Name:	SNOOK, JOEL H	
Address:	1890 SOUTHWEST HEALTH PARKWAY, SUITE 203	
City-St-Zip:	NAPLES, FL 34109	
Title:	CFO	( ) Change (X) Addition
Name:	SNOOK, JOEL H	
Address:	1890 SOUTHWEST HEALTH PARKWAY, SUITE 203	
City-St-Zip:	NAPLES, FL 34109	
Title:	VP	( ) Change (X) Addition
Name:	VAZQUEZ, REBECCA	
Address:	1890 SOUTHWEST HEALTH PARKWAY, SUITE 203	
City-St-Zip:	NAPLES, FL 34109	

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 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 04/11/2008

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