

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L06000031228

FILED
May 09, 2008
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:**1890 SOUTHWEST HEALTH PARKWAY
SUITE 203
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: PCEO () Delete
Name: REED, THOMAS W
Address: 1890 SOUTHWEST HEALTH PARKWAY, SUITE 203
City-St-Zip: NAPLES, FL 34109

Title: SVP () Delete
Name: SNOOK, JOEL H
Address: 1890 SOUTHWEST HEALTH PARKWAY, SUITE 203
City-St-Zip: NAPLES, FL 34109

Title: CFO () Delete
Name: SNOOK, JOEL H
Address: 1890 SOUTHWEST HEALTH PARKWAY, SUITE 203
City-St-Zip: NAPLES, FL 34109

Title: VP () Delete
Name: VAZQUEZ, REBECCA
Address: 1890 SOUTHWEST HEALTH PARKWAY, SUITE 203
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES:

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

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

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

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

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

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

CEO

05/09/2008

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