2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 26, 2011
Secretary of State

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

Current Principal Place of Business:

3368 WOODS EDGE CIRCLE, SUITE 104
BONITA SPRINGS, FL 34134

New Principal Place of Business:

Current Mailing Address:

3368 WOODS EDGE CIRCLE, SUITE 104
BONITA SPRINGS, FL 34134

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
821 FIFTH AVENUE SOUTH
SUITE 201
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

NOVATT, JEFF M ESQUIRE
821 FIFTH AVENUE SOUTH
NAPLES, FL 34102 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: JEFF M. NOVATT, ESQ. 03/26/2011
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: PERSONALIZED PHYSICIAN CARE, INC.
Address: 3368 WOODS EDGE CIRCLE, SUITE 101
City-St-Zip: BONITA SPRINGS, FL 34134

Title: PCEO
Name: REED, THOMAS W
Address: 3368 WOODS EDGE CIRCLE, SUITE 101
City-St-Zip: BONITA SPRINGS, FL 34134

Title: ST
Name: REED, THOMAS W
Address: 3368 WOODS EDGE CIRCLE, SUITE 104
City-St-Zip: BONITA SPRINGS, FL 34134

I hereby 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 Statues.

SIGNATURE: THOMAS W. REED CEO 03/26/2011
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date