2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2005 8:00 am
Secretary of State
04-05-2005 90010 030 ****50.00

DOCUMENT # L04000032661

1. Entity Name
TOTAL SENIOR HEALTH CARE, LLC

Principal Place of Business	Mailing Address
104 MAHOGANY DRIVE NAPLES, FL 34108	104 MAHOGANY DRIVE NAPLES, FL 34108

03302005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
1890 Southwest Health Parkway		1890 Southwest Health Parkway	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Naples, Florida		City & State: Naples, Florida	
Zip: 34109	Country: USA	Zip: 34109	Country: USA

4. FEI Number: 20-1083322 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NOVATT, JEFF M ESQ. C/O PASSIDOMO, WILSON, ET AL 821 FIFTH AVENUE SOUTH, SUITE 201 NAPLES, FL FL341-02	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR REED, THOMAS W 104 MAHOGANY DRIVE NAPLES, FL 34108	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Personalized Physician Care, Inc. 1890 Southwest Health Parkway Naples, Florida 34109	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

Personalized Physician Care, Inc., a Florida corporation

SIGNATURE: [signature] Thomas W. Reed, CEO 3/3/05 239-591-6664

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #