

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000032661

FILED  
Apr 28, 2006  
Secretary of State

**Entity Name:** TOTAL SENIOR HEALTH CARE, LLC

**Current Principal Place of Business:**

1890 SOUTHWEST HEALTH PARKWAY  
NAPLES, FL 34109

**New Principal Place of Business:**

**Current Mailing Address:**

1890 SOUTHWEST HEALTH PARKWAY  
NAPLES, FL 34109

**New Mailing Address:**

18 WOODSIDE DRIVE  
NEW CITY, NY 10956

**FEI Number:** 20-1083322

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NOVATT, JEFF M ESQ.  
C/O PASSIDOMO, WILSON, ET AL  
821 FIFTH AVENUE SOUTH, SUITE 201  
NAPLES, FL FL34102 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: PERSONALIZED PHYSICI, AN CARE, IN  
Address: 1890 SOUTHWEST HEALTH PARKWAY  
City-St-Zip: NAPLES, FL 34109

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

**ADDITIONS/CHANGES:**

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

Title: SVP ( ) Change (X) Addition  
Name: TAYLOR, ROBERT W  
Address: 18 WOODSIDE DRIVE  
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: ROBERT W. TAYLOR

SVP

04/28/2006

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