

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000032661

FILED
Apr 11, 2008
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:

1890 SOUTHWEST HEALTH PARKWAY
SUITE 203
NAPLES, FL 34109

Current Mailing Address:

18 WOODSIDE DRIVE
NEW CITY, NY 10956

New Mailing Address:

1890 SOUTHWEST HEALTH PARKWAY
SUITE 203
NAPLES, FL 34109

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, INC.
Address: 1890 SOUTHWEST HEALTH PARKWAY
City-St-Zip: NAPLES, FL 34109

Title: SVPT () Delete
Name: TAYLOR, ROBERT W
Address: 18 WOODSIDE DRIVE
City-St-Zip: NEW CITY, NY 10956

Title: PCEO () Delete
Name: REED, THOMAS W
Address: 1890 SOUTHWEST HEALTH PARKWAY
City-St-Zip: NAPLES, FL 34109

Title: SVP () Delete
Name: SEPKO, CATHERINE
Address: 1890 SOUTHWEST HEALTH PARKWAY
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PERSONALIZED PHYSICI, AN CARE, INC.
Address: 1890 SOUTHWEST HEALTH PARKWAY, SUITE 203
City-St-Zip: NAPLES, FL 34109

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

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

Title: CFO (X) Change () Addition
Name: SNOOK, JOEL H
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