

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000032661

FILED  
Mar 22, 2009  
Secretary of State

Entity Name: TOTAL SENIOR HEALTH CARE, LLC

## Current Principal Place of Business:

1890 SOUTHWEST HEALTH PARKWAY  
SUITE 203  
NAPLES, FL 34109

## New Principal Place of Business:

## Current Mailing Address:

1890 SOUTHWEST HEALTH PARKWAY  
SUITE 203  
NAPLES, FL 34109

## New Mailing Address:

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:

NOVATT, JEFF M ESQ.  
821 FIFTH AVENUE SOUTH  
SUITE 201  
NAPLES, FL FL34102 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.

03/22/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

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

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

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

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

## ADDITIONS/CHANGES:

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

Title: SVPS (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:

Title: CFOT (X) Change ( ) Addition  
Name: TAYLOR, ROBERT W  
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

03/22/2009

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