

**2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L04000032661

**FILED**  
**Nov 19, 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:**3368 WOODS EDGE CIRCLE  
SUITE 101  
BONITA SPRINGS, FL 34134**Current Mailing Address:**1890 SOUTHWEST HEALTH PARKWAY  
SUITE 203  
NAPLES, FL 34109**New Mailing Address:**3368 WOODS EDGE CIRCLE  
SUITE 101  
BONITA SPRINGS, FL 34134**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.  
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 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.

11/19/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

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

**ADDITIONS/CHANGES:**

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

Title: SVPS (X) Change ( ) Addition  
Name: TAYLOR, ROBERT W  
Address: 3368 WOODS EDGE CIRCLE, SUITE 101  
City-St-Zip: BONITA SPRINGS, FL 34134

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

Title: CFOT (X) Change ( ) Addition  
Name: TAYLOR, ROBERT W  
Address: 3368 WOODS EDGE CIRCLE, SUITE 101  
City-St-Zip: BONITA SPRINGS, FL 34134

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

CEO

11/19/2009

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