2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 26, 2010
Secretary of State

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Entity Name: TOTAL SENIOR HEALTH CARE, LLC

Current Principal Place of Business:

3368 WOODS EDGE CIRCLE
SUITE 101
BONITA SPRINGS, FL 34134

New Principal Place of Business:

Current Mailing Address:

3368 WOODS EDGE CIRCLE
SUITE 101
BONITA SPRINGS, FL 34134

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.
821 FIFTH AVENUE SOUTH
SUITE 201
NAPLES, FL 34102 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
Name: PERSONALIZED PHYSICIAN CARE, INC.
Address: 3368 WOODS EDGE CIRCLE, SUITE 101
City-St-Zip: BONITA SPRINGS, FL 34134

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

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

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

I hereby 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 Statues.

SIGNATURE: THOMAS W. REED MGR 03/26/2010

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