

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000035651

FILED
Jan 10, 2006
Secretary of State

Entity Name: TOTAL SENIOR HOME HEALTH CARE, LLC

Current Principal Place of Business:

27499 RIVERVIEW CENTER BLVD., SUITE 105
BONITA SPRINGS, FL 34134

New Principal Place of Business:

3368 WOODS EDGE CIRCLE
SUITE 102
BONITA SPRINGS, FL 34134

Current Mailing Address:

27499 RIVERVIEW CENTER BLVD., SUITE 105
BONITA SPRINGS, FL 34134

New Mailing Address:

18 WOODSIDE DRIVE
SUITE 108
NEW CITY, NY 10956

FEI Number: 20-2672255

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 CHEFFY, PASSIDOMO, ET AL
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 () Delete
Name: TOTAL SENIOR HEALTH, CARE, LLC
Address: 1890 SOUTHWEST HEALTH PARKWAY, SUITE 203
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES:

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

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: THOMAS W. REED

MGR

01/10/2006

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