

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000035651

FILED
Mar 22, 2009
Secretary of State

Entity Name: TOTAL SENIOR HOME HEALTH CARE, LLC

Current Principal Place of Business:

3368 WOODS EDGE CIRCLE
SUITE 102
BONITA SPRINGS, FL 34134

New Principal Place of Business:

Current Mailing Address:

1890 SW HEALTH PARKWAY
SUITE 203
NAPLES, FL 34109

New Mailing Address:

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:

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.

03/22/2009

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

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

Title: VP () Delete
Name: MCFADDEN, LYNN
Address: 1890 SOUTHWEST HEALTH PARKWAY, SUITE 203
City-St-Zip: NAPLES, FL 34109

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

Title: CFO () Delete
Name: SNOOK, JOEL H
Address: 1890 SOUTHWEST HEALTH PARKWAY, SUITE 203
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES:

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

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

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: 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