

**2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L05000035651

**FILED**  
**Nov 19, 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:**3368 WOODS EDGE CIRCLE  
SUITE 102  
BONITA SPRINGS, FL 34134**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.  
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

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: SVPS ( ) Delete  
Name: TAYLOR, ROBERT 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: TOTAL SENIOR HEALTH CARE, LLC  
Address: 3368 WOODS EDGE CIRCLE, SUITE 101  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: CEOP (X) Change ( ) Addition  
Name: REED, THOMAS W  
Address: 3368 WOODS EDGE CIRCLE, SUITE 102  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VP (X) Change ( ) Addition  
Name: MCFADDEN, LYNN  
Address: 3368 WOODS EDGE CIRCLE, SUITE 102  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: SVPS (X) Change ( ) Addition  
Name: TAYLOR, ROBERT W  
Address: 3368 WOODS EDGE CIRCLE, SUITE 102  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: CFOT (X) Change ( ) Addition  
Name: TAYLOR, ROBERT W  
Address: 3368 WOODS EDGE CIRCLE, SUITE 102  
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