

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000035651

**FILED**  
**Mar 26, 2010**  
**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:**

3368 WOODS EDGE CIRCLE  
SUITE 102  
BONITA SPRINGS, FL 34134

**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.  
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:** TOTAL SENIOR HEALTH CARE, LLC  
**Address:** 3368 WOODS EDGE CIRCLE, SUITE 101  
**City-St-Zip:** BONITA SPRINGS, FL 34134

**Title:** CEOP  
**Name:** REED, THOMAS W  
**Address:** 3368 WOODS EDGE CIRCLE, SUITE 102  
**City-St-Zip:** BONITA SPRINGS, FL 34134

**Title:** SVPS  
**Name:** TAYLOR, ROBERT W  
**Address:** 3368 WOODS EDGE CIRCLE, SUITE 102  
**City-St-Zip:** BONITA SPRINGS, FL 34134

**Title:** CFOT  
**Name:** TAYLOR, ROBERT W  
**Address:** 3368 WOODS EDGE CIRCLE, SUITE 102  
**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 Statutes.

**SIGNATURE:** THOMAS W. REED

MGR

03/26/2010

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