

2011 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000035651

FILED
Dec 01, 2011
Secretary of State

Entity Name: TOTAL SENIOR HOME HEALTH CARE, LLC

Current Principal Place of Business:

12800 UNIVERSITY DR.
SUITE 335
FORT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

12800 UNIVERSITY DR.
SUITE 335
FORT MYERS, FL 33907

New Mailing Address:

FEI Number: 20-2672255

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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: JEFF M. NOVATT, ESQ.

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

12/01/2011

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