ACCOUNT NO. : 072100000032

REFERENCE: 783006

5020855

COST LIMIT

: \$ 70.00

ORDER DATE: October 16, 2002

ORDER TIME : 10:13 AM

ORDER NO. : 783006-015

CUSTOMER NO: 5020855

CUSTOMER: Ms. Amy Benson The Nathanson Group PLLC

1520 Fourth Avenue

Sixth Floor

Seattle, WA 98101

#### FOREIGN FILINGS

AL

NAME:

ENDURACARE THERAPY MANAGEMENT,

TNC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_ CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Norma Parramore -- EXT# 1147

EXAMINER: \_\_\_\_

DIVISION OF CURFCRATION

800008401268--3

## · APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1	EnduraCare Therapy Management, Inc.					
1.	(Name of corporation; must include the word "INCORPORA words or abbreviations of like import in language as will clear	arly	indicate that it is a corporation instead of a		***,	r
	natural person or partnership if not so contained in the name	ai j	ter S			
2.	Delaware	3.	03-0486133			
	(State or country under the law of which it is incorporated)		(FEI number, if applicable)	1		
4.	October 4, 2002	5.	Perpetual SS 6	IT.		
	(Date of incorporation)		(Duration: Year corp. will cease to exist or "perpetual")	O		
_	W		<u> </u>	•		
0.	Upon qualification (Date first transacted business in Florida. If corporation has	not	transacted business in Florida, insert "upon qualification.")	7		
	(SEE SECTIONS 607.15	501	, 607.1502 and 817.155, F.S.)		•	
	· · · · · · · · · · · · · · · · · ·					
7.	2950 S. Rainbow Blvd., Suite 200, Las Ve	eqa addi	S, NV 89146	. 14		
	*					
	2950 S. Rainbow Blvd., Suite 200, Las Ve			.=	,	٠.
	(Current mailing a	add	ress)			
8.	Rehabilitation Therapy Services and Reh	hak	ilitation Therapy Management Services	<b>-</b> ÷	 	
	(Purpose(s) of corporation authorized in home state or	r co	untry to be carried out in state of Florida)			
9.	Name and <u>street address</u> of Florida registered agen	ıt:	(P.O. Box or Mail Drop Box NOT acceptable)			
	Name: Corporation Service Company		<del></del>			
O	ffice Address: 1201 Hays Street		<del>and the state of </del>	n.de	· ·	٠.
	Tallahassee		, Florida <u>32301</u> (Zip code)	=		
	(City)		(Zip code)			
H de fu	0. Registered agent's acceptance: laving been named as registered agent and to accept so esignated in this application, I hereby accept the appo- wither agree to comply with the provisions of all statut uties, and I am familiar with and accept the obligation	inti es i	ment as registered agent and agree to act in this capac relative to the proper and complete performance of m	uy. x		

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

(Registered agent's signature)

#### 12. Names and business addresses of officers and/or directors:

A. DIRECTORS	· · <del></del> -
Chairman: See attached officers/directors rider	3
Address:	PG CT
	1 5 L
	SECOND
Vice Chairman:	FF. S. F. S.
Address:	
	7
Director:	
Address:	
Director:	
Address:	
B. OFFICERS	
President: See attached officers/directors rider	
Address:	
Vice President:	
Address:	
Secretary:	
Address:	<u> </u>
Treasurer:	
Address:	· · · · · · · · · · · · · · · · · · ·
NOTE: If necessary, you may attach an addendum to the application list	ing additional officers and/or directors.
Day of H X Days, No.	
(Signature of Chairman, Vice Chairman, or any officer lie	sted in number 12 of the application)
The Hamilton Marian	e /ASSISTMAT Sec.
14. Typed or printed name and capacity of person si	

#### Rider

#### EnduraCare Therapy Management, Inc.

#### Directors and Corporate Officers

### Directors:

Andrew L. Turner, 10445 N. 4th ST, Albuquerque, NM 87114

William Lasky, 2950 S. Rainbow Blvd, Las Vegas NV 89146

Tom Mack, 88 Daventry Hill, Avon, CT 06001



William Lasky, Chief Executive Officer/President, 2950 S. Rainbow Blvd., Suite 220, Las Vegas NV 89146

Tom Mack, Chief Operating Officer/Secretary, 88 Daventry Hill, Avon, CT 06001

Janett Hampton, Treasurer./Assistant Secretary, 2950 S. Rainbow Blvd., Suite 220, Las Vegas NV 89146

Andrew L. Turner, Chairman of the Board, 10445 N. 4th ST, Albuquerque, NM 87114



# Delaware

## The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ENDURACARE THERAPY MANAGEMENT,"

INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTH DAY OF OCTOBER, A.D. 2002.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ENDURACARE THERAPY MANAGEMENT, INC." WAS INCORPORATED ON THE FOURTH DAY OF OCTOBER, A.D. 2002.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

3570816 8300

Darriet Smith Windson Socreton of State

AUTHENTICATION: 2022923

020621286 DATE: 10-07-02