


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 25, 2005 08:00 AM
Secretary of State

DOCUMENT # F02000005197 1. Entity Name ENDURACARE THERAPY MANAGEMENT, INC.	
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Principal Place of Business 2950 S. RAINBOW BLVD. SUITE 220 LAS VEGAS, NV 89146	Mailing Address 2950 S. RAINBOW BLVD. SUITE 220 LAS VEGAS, NV 89146
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03112005 No Chg-P CR2E034 (10/03)

4. FEI Number 03-0486133	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC TURNER, ANDREW L COAKLEY BAY CONDOMINIUMS CHRISTIANSTED, VI 00820
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPC LASKY, WILLIAM 2961 HAMMERWOOD DRIVE. LAS VEGAS, NV 89135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS MACK, TOM 88 DAVENTRY HILL AVON, CT 06001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS HAMPTON, JANETT 6636 WATER CROSSING AVENUE LAS VEGAS, NV 89131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/25/05-80124-020 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TREASURER

4/22/05

Date

702-248-2840

Daytime Phone #