

FO20000005197

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

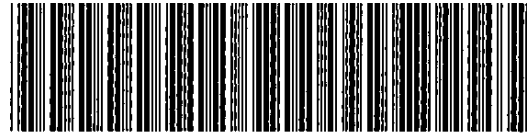
(Business Entity Name)

(Document Number)

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FILED  
06 JUN 20 AM 9:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Roberts JUN 27 2006



CHARLES BACLET  
AND  
ASSOCIATES, INC.



NATIONAL  
REGISTERED  
AGENTS, INC.

**VIA U.S. MAIL**

December 29, 2005

Division of Corporations  
Florida Department of State  
P. O. Box 6327  
Tallahassee FL 32314

**RE: Enduracare Therapy Management, Inc.**

Dear Sir/Madam:

Enclosed for filing, please find the appropriate documents required by your state for changing the registered agent to National Registered Agents, Inc. Also, please find a check in the amount of \$35.00 to cover your filing fees.

Please process as soon as possible and return a filed stamped copy in the enclosed self-addressed stamped envelope.

If you have any questions or if I can help you in any way possible, please call.

Very truly yours,

**CHARLES BACLET AND ASSOCIATES, INC.**

Sophy Keo  
For Terry Tarwater

Enclosures

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ENDURACARE THERAPY MANAGEMENT, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** F02000005197

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sophy Keo  
(Name of Contact Person)

Charles Baclet and Associates, Inc.  
(Firm/Company)

2030 Main Street, Suite 1030  
(Address)

Irvine, CA 92614  
(City/State and Zip Code)

For further information concerning this matter, please call:

Sophy Keo at ( 800 ) 562-6439  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ENDURACARE THERAPY MANAGEMENT, INC.
2. The principal office address: 2950 S. Rainbow Blvd., Suite 220, Las Vegas, NV 89121
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 10/16/2002 Document number: F02000005197
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Corporation Service Company

1201 Hays Street

Tallahassee, FL 32301-2525

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NRAI Services, Inc.

2731 Executive Park Drive, Suite 4

(P.O. Box NOT acceptable)

Weston, FL 33331

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
(Signature of an officer or director)

Janett Hampton, Assistant Secretary  
(Printed or typed name and title)

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
(Signature of Registered Agent)

6 / 15 / 2006  
(Date)

If signing on behalf of an entity:

Paul J. Hagan, Assistant Secretary  
(Typed or Printed Name)

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314