

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005197

FILED
Apr 20, 2007
Secretary of State

Entity Name: ENDURACARE THERAPY MANAGEMENT, INC.

Current Principal Place of Business:

2950 S. RAINBOW BLVD.
SUITE 220
LAS VEGAS, NV 89121

New Principal Place of Business:

2950 S. RAINBOW BLVD.
SUITE 220
LAS VEGAS, NV 89146

Current Mailing Address:

2950 S. RAINBOW BLVD.
SUITE 220
LAS VEGAS, NV 89121

New Mailing Address:

2950 S. RAINBOW BLVD.
SUITE 220
LAS VEGAS, NV 89146

FEI Number: 03-0486133

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR
STE 4
WESTON, FL 33331 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: TURNER, ANDREW L
Address: 2801 WESTERN AVE APT PH-2
City-St-Zip: SEATTLE, WA 98121 US

Title: DPC () Delete
Name: LASKY, WILLIAM
Address: 2099 CHERRY CREEK CIRCLE.
City-St-Zip: LAS VEGAS, NV 89135 US

Title: CS () Delete
Name: MACK, TOM
Address: 88 DAVENTRY HILL
City-St-Zip: AVON, CT 06001 US

Title: TS () Delete
Name: HAMPTON, JANETT
Address: 6636 WATER CROSSING AVENUE
City-St-Zip: LAS VEGAS, NV 89131 US

Title: CFO () Delete
Name: FICHERA, RUSSELL
Address: 2950 S. RAINBOW BLVD. STE 220
City-St-Zip: LAS VEGAS, NV 89146 US

Title: OFF () Delete
Name: BARLOW, CHRIS
Address: 9847 ROANOKE COURT
City-St-Zip: MOBILE, AL 36695 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

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Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANETT HAMPTON

TS

04/20/2007

Electronic Signature of Signing Officer or Director

Date