

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005197

FILED  
Jan 20, 2009  
Secretary of State

**Entity Name:** ENDURACARE THERAPY MANAGEMENT, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**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: 4121 W. DRAVUS STREET  
City-St-Zip: SEATTLE, WA 98119 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 (X) Delete  
Name: FICHERA, RUSSELL  
Address: 12 RIVERSIDE TERRACE  
City-St-Zip: NORTH EASTON, MA 02356 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:

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

Title: TS (X) Change ( ) Addition  
Name: STILL, JANETT  
Address: 6636 WATER CROSSING AVENUE  
City-St-Zip: LAS VEGAS, NV 89131 US

Title: ( ) Change ( ) Addition  
Name:  
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 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 STILL

TS

01/20/2009

Electronic Signature of Signing Officer or Director

Date