

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005197

FILED
Jan 05, 2010
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
Name: TURNER, ANDREW L
Address: 4121 W. DRAVUS STREET
City-St-Zip: SEATTLE, WA 98119 US

Title: DPC
Name: DIXON, TOM
Address: 16 VILLAGE HILL ROAD.
City-St-Zip: DOVER, MA 02030 US

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

Title: TS
Name: HAMPTON, JANETT
Address: 7304 RUSTIC MEADOW STREET
City-St-Zip: LAS VEGAS, NV 89131 US

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

I hereby 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 all other like empowered.

SIGNATURE: JANETT HAMPTON

TREA

01/05/2010

Electronic Signature of Signing Officer or Director

Date