

2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F02000005197

FILED
Feb 09, 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:

2500 N. BUFFALO ROAD
SUITE 210
LAS VEGAS, NV 89128

Current Mailing Address:

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

New Mailing Address:

2500 N. BUFFALO ROAD
SUITE 210
LAS VEGAS, NV 89128

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

OFFICERS AND DIRECTORS:

Title: DIR
Name: TURNER, ANDREW L
Address: 4121 W. DRAVUS STREET
City-St-Zip: SEATTLE, WA 98119 US

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

Title: COO
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

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

02/09/2010

Electronic Signature of Signing Officer or Director

Date