F0200000519

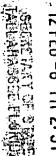
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Withdr

T. LEWIS

COVER LETTER

TO:	2: Amendment Section Division of Corporations			
SUBJECT: EnduraCare Therapy Management, Inc.				
БСВС	(Name of Corporation)			
DOC	JMENT NUMBER: F02000005197			
The er	sclosed withdrawal application and fee are submitted for filing.			
	return all correspondence concerning this to the following:			
Gale Lancieri				
(Name of Person)				
EnduraCare Therapy Management, Inc.				
	(Firm/Company)			
	2500 N. Buffalo Drive Ste 210			
(Address)				
	Las Vegas, Nevada 89128			
(City/State and Zip code)				
For fu	rther information concerning this matter, please call:			
Gale	Lancieri at (702) 248-2843 Ext 106			
	(Name of Person) (Area Code & Daytime Telephone Number)			

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

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

EnduraCare Therapy Management, Inc.	
(Name of Corporation)	and a second
	27
F02000005197	f known)
(Document Number of Corporation (i	f known)
	3
Delaware	2
(Incorporated Under Laws of) 2:51
This corporation is no longer transacting business or conducting aftivoluntarily surrenders its authority to transact business or conduct af	•
This corporation revokes the authority of its registered agent in Fappoints the Department of State as its agent for service of process betime it was authorized to transact business or conduct affairs in Flori	ased on a cause of action arising during the
The following is a current mailing address for the corporation:	
2500 N. Buffalo Drive Ste 210	
(Mailing Address)	
Las Vegas, Nevada 89128	
(City/ State /Zip)	
The corporation agrees to notify the Department of State in the future	e of any change in its mailing address.
At	February 1, 2012
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)
Janett Hampton	Treasurer
(Typed or printed name of person signing)	(Title of person signing)

FILING FEE \$35