

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000096218		
1. Entity Name SLEEP WELL MED, INC.		
Principal Place of Business 810 WILDWOOD STREET DAYTONA BEACH, FL 32117		Mailing Address 810 WILDWOOD STREET DAYTONA BEACH, FL 32117
DO NOT WRITE IN THIS SPACE		
		01282008 No Chg-P CR2E034 (11/05)
4. FEI Number 41-2064090		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
HANSON, BRIAN R ESQ 57 WEST GRANADA BLVD ORMOND BEACH, FL 32174		DO NOT WRITE IN THIS SPACE
8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY, ST, ZIP	PVST WAHBA, WAHBA W 810 WILDWOOD STREET DAYTONA BEACH, FL 32117	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

(386)
258-7100
1-28-08