

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000034305

**Entity Name:** INTEGRATED SLEEP CARE INC.

**Current Principal Place of Business:**

14601 SW 29TH ST  
303  
MIRAMAR, FL 33027

**Current Mailing Address:**

14601 SW 29TH ST  
303  
MIRAMAR, FL 33027 US

**FEI Number:** 47-3721460

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RAMIREZ, JOSE F  
14601 SW 29TH ST  
303  
MIRAMAR, FL 33027 US

*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:** JOSE F RAMIREZ MD

02/01/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DR  
Name RAMIREZ, JOSE F DR.  
Address 14601 SW 29TH ST  
303  
City-State-Zip: MIRAMAR FL 33027

*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:** JOSE F RAMIREZ

OWNER

02/01/2024

Electronic Signature of Signing Officer/Director Detail

Date