

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15000034305

Entity Name: INTEGRATED SLEEP CARE INC.

Current Principal Place of Business:

15737 SW 20TH ST
DAVIE, FL 33326

Current Mailing Address:

15737 SW 20TH ST
DAVIE, FL 33326

FEI Number: 47-3721460

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RAMIREZ, JOSE F
15737 SW 20TH ST
DAVIE, FL 33326 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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title DR
Name RAMIREZ, JOSE F
Address 15737 SW 20TH ST
City-State-Zip: DAVIE FL 33326

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

PRESIDENT

04/10/2016

Electronic Signature of Signing Officer/Director Detail

Date