## 2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15000034305

Entity Name: INTEGRATED SLEEP CARE INC.

**Current Principal Place of Business:** 

14601 SW 29TH ST 109 MIRAMAR, FL 33027

# **Current Mailing Address:**

14601 SW 29TH ST 109 MIRAMAR, FL 33027 US

## FEI Number: 47-3721460

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

RAMIREZ, JOSE F 14601 SW 29TH ST 109 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:

Electronic Signature of Registered Agent

## Officer/Director Detail :

TitleDRNameRAMIREZ, JOSE F DR.Address14601 SW 29TH ST<br/>109City-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.

OWNER

SIGNATURE: JOSE F RAMIREZ

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

Date

03/19/2018 Date