

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90153 047 ****61.25

DOCUMENT # *72/236*

1. Entity Name

International Sleep Reasearch Foundation, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1500 Waukegan Road

Suite, Apt. #, etc.

Suite 213

City & State

Glenview, IL

Zip

60025

Country

USA

3. Mailing Address

1500 Waukegan Road

Suite, Apt. #, etc.

Suite 213

City & State

Glenview, IL

Zip

60025

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

23-7119159

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

A. Clifton Black

Street Address (P.O. Box Number is Not Acceptable)

104 S. Clyde Avenue

City

Kissimmee

FL

Zip Code
34741

**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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President, Director
Terry L. Hanusa, MD
1500 Waukegan Rd., Suite 213
Glenview, IL 60025

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President, Director
Ismet Karacan, MD
1301 Carlton Court
Ft. Pierce, FL 34949

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary, Director
Steven R. Mershon, MD
1500 Waukegan Rd., Suite 213
Glenview, IL 60025

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *x*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)