

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Jul 07, 2005 8:00 am**  
**Secretary of State**

07-07-2005 90003 039 \*\*\*\*61.25

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06132005 Chg-NP CR2E037 (10/03)

<b>DOCUMENT # 721236</b>					
1. Entity Name INTERNATIONAL SLEEP RESEARCH FOUNDATION, INC.					
Principal Place of Business 1500 WAUKEGAN ROAD SUITE 213 GLENVIEW, IL 60025			Mailing Address 1500 WAUKEGAN ROAD SUITE 213 GLENVIEW, IL 60025		
2. Principal Place of Business 104 South Clyde Avenue			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Kissimmee, Florida			City & State		
Zip 34741		Country USA		4. FEI Number 23-7119159	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BLACK, A. CLIFTON 104 S CLYDE AVENUE KISSIMMEE, FL 34741				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when restate)					
Filing Fee is \$61.25 Due by September 7, 2005					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANUSA, MD, TERRY L		NAME	Ismet Karacan, MD	
STREET ADDRESS	1500 WAUKEGAN ROAD, SUITE 213		STREET ADDRESS	5211 Wigton Street	
CITY-ST-ZIP	GLENVIEW, IL 60025		CITY-ST-ZIP	Houston, Texas 77096	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MERSON, MD, STEVEN R		NAME	John S. Mayer, MD	
STREET ADDRESS	1500 WAUKEGAN ROAD, SUITE 213		STREET ADDRESS	2002 Holcombe Blvd., Bldg 110,	
CITY-ST-ZIP	GLENVIEW, IL 60025		CITY-ST-ZIP	Rm 225, Houston, Texas 77030	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KARADAN, MD, ISMET		NAME	C. Turan, MD	
STREET ADDRESS	1301 CARLTON COURT		STREET ADDRESS	400 Renaissance Ctr, (GM Health Svcs)	
CITY-ST-ZIP	FORT PIERCE, FL 34949		CITY-ST-ZIP	Detroit, MI 48265	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>A. Clifton Black</i> 6/30/05 407 9321115					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					