2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2006
Secretary of State

DOCUMENT# 721236

Entity Name: INTERNATIONAL SLEEP RESEARCH FOUNDATION, INC.

Current Principal Place of Business:

104 SOUTH CLYDE AVENUE
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

104 SOUTH CLYDE AVENUE
KISSIMMEE, FL 34741

New Mailing Address:

FEI Number: 23-7119159 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BLACK, A. CLIFTON
104 S CLYDE AVENUE
KISSIMMEE, FL 34741 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: KARACAN, ISMET MD
Address: 5211 WIGTON STREET
City-St-Zip: HOUSTON, TX 77096

Title: VPD ( ) Delete
Name: MAYER, JOHN S MD
Address: 2002 HOLCOMBE BLVD, BLDG 110, RM 225
City-St-Zip: HOUSTON, TX 77030

Title: SD ( ) Delete
Name: TURAN, C MD
Address: 400 RENAISSANCE CTR, (GM HEALTH SVCS)
City-St-Zip: DETROIT, MI 48265

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ISMET KARACAN PD 08/31/2006

Electronic Signature of Signing Officer or Director — Date