

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 28, 2003 8:00 am**  
**Secretary of State**

01-28-2003 90068 004 \*\*\*\*61.25

**DOCUMENT # 721236**

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **23-7119159**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **HANUSA, MD, TERRY L**  
STREET ADDRESS **1500 WAUKEGAN ROAD, SUITE 213**  
CITY-ST-ZIP **GLENVIEW IL 60025**

TITLE **SD** ☐ Delete  
NAME **MERSON, MD, STEVEN R**  
STREET ADDRESS **1500 WAUKEGAN ROAD, SUITE 213**  
CITY-ST-ZIP **GLENVIEW IL 60025**

TITLE **VPD** ☐ Delete  
NAME **KARADAN, MD, ISMET**  
STREET ADDRESS **1301 CARLTON COURT**  
CITY-ST-ZIP **FORT PIERCE FL 34949**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

**SIGNATURE REQUIRED**

1/24/03 897 9985556

CR2E037 (10/02)