


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2004 8:00 am
Secretary of State

07-21-2004 90019 013 ***150.00

DOCUMENT # F03000002387

1. Entity Name
TEMPUR-MEDICAL, INC.



Principal Place of Business
**1713 JAGGIE FOX WAY
 LEXINGTON, KY 40511**

Mailing Address
**1713 JAGGIE FOX WAY
 LEXINGTON, KY 40511**

54063890



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

07022004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

4. FEI Number
31-1491807

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00
 Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TRUSSELL, ROBERT B JR	
STREET ADDRESS	248 HOLIDAY RD	
CITY-ST-ZIP	LEXINGTON, KY 40502	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HEATH, JEFFREY P	
STREET ADDRESS	551 GINGER MILL RD.	
CITY-ST-ZIP	LEXINGTON, KY 40509	
TITLE	P	<input type="checkbox"/> Delete
NAME	GUERIN, JOEL F	
STREET ADDRESS	118 STOURBRIDGE RD.	
CITY-ST-ZIP	VERSAILLES, KY 40383	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	LILLICH, JEFFREY T	
STREET ADDRESS	3332 LYON DR	
CITY-ST-ZIP	LEXINGTON, KY 40513	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

See attached

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 607, 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:  **Jason P. Broyles CFO** 7.12.04 (859) 259-0754
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



July 12, 2004

Florida Department of State
Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: 2004 Annual Report

Document # F03000002387

Dear Sir/Madam,

Tempur-Medical, Inc. (TMI) received a notice of intent to dissolve from the Florida Secretary of State on July 2, 2004. This was the first notice that TMI had received from the Florida Secretary of State about filing an Annual Report with the state.

We are asking you to please waive the amount of \$400.00 for late filing of the Annual Report for Tempur-Medical, Inc. due to failure of notice to file. Attached is the Annual Report for TMI along with a check in the amount of \$150.00 (filing fee by May1st). If there is any further information that I can provide to help on this please contact me at 859-514-4845 or by e-mail at ginny.dusek@tempurworld.com.

Sincerely,

Ginny R. Dusek
Sales and Use Tax Compliance Analyst
Tempur-Pedic International Inc.

Changing the way the world sleeps!

Attachment

54063890

Tempur-Medical, Inc.
Document # F03000002387

Principal Officers

President – Joel F. Guerin 118 Stourbridge Rd. Versailles, KY 40383

CFO/Secretary – Jason P. Broyles 9802 Springbark Dr. Louisville, KY 40241

Directors

H. Tom Bryant – 3145 Brighton Place Dr. Lexington, KY 40509

Dale E. Williams – 2284 Savannah Lane Lexington, KY 40513

Jason P. Broyles – 9802 Springbark Dr. Louisville, KY 40241