


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 05, 2005 8:00 am**  
**Secretary of State**

05-05-2005 90111 044 \*\*\*150.00

**DOCUMENT # F0300002387**

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

**50049455**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01062005 Chg-P CR2E034 (10/03)

City & State

4. FEI Number  
 31-1491807

Applied For  
 Not Applicable

Zip Country

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

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

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 reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	GUERIN, JOEL F	
STREET ADDRESS	118 STOURBRIDGE RD	
CITY-ST-ZIP	VERSAILLES, KY 40383	
TITLE	CFOS	<input type="checkbox"/> Delete
NAME	BROYLES, JASON P	
STREET ADDRESS	9802 SPROINGBARK DR.	
CITY-ST-ZIP	LOUISVILLE, KY 40241	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	GUERIN, JOEL F	
STREET ADDRESS	118 STOURBRIDGE RD.	
CITY-ST-ZIP	VERSAILLES, KY 40383	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRYANT, H T	
STREET ADDRESS	3145 BRIGHTON PLACE DR.	
CITY-ST-ZIP	LEXINGTON, KY 40509	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, DALE E	
STREET ADDRESS	2284 SAVANNAH LANE	
CITY-ST-ZIP	LEXINGTON, KY 40513	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROYLES, JASON P	
STREET ADDRESS	9802 SPINGBARK DR.	
CITY-ST-ZIP	LOUISVILLE, KY 40241	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Paul S. Coulis	
STREET ADDRESS	1713 Jaggie Fox way	
CITY-ST-ZIP	Lexington, KY 40511	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1713 Jaggie Fox way	
CITY-ST-ZIP	Lexington, KY 40511	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1713 Jaggie Fox way	
CITY-ST-ZIP	Lexington, KY 40511	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1713 Jaggie Fox way	
CITY-ST-ZIP	Lexington, KY 40511	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 Date: 4.25.05 Daytime Phone #: 859-259-0754