

# F03000002387

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TEMPUR-MEDICAL, INC.

(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

JOHN C. DAVIS, JR., CPA

(Name of Person)

TEMPUR-MEDICAL, INC.

(Firm/Company)

1713 JAGGIE FOX WAY

(Address)

LEXINGTON, KY 40511

(City/State and Zip code)

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TALLAHASSEE FLORIDA

For further information concerning this matter, please call:

JOHN C. DAVIS, JR., CPA at

859-514-4868

(Name of Person)

(Area Code & Daytime Telephone Number)

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

\$70.00 Filing Fee

\$78.75 Filing Fee &  
Certificate of Status

\$78.75 Filing Fee &  
Certified Copy

\$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy



12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: ROBERT B. TRUSSELL, JR.

Address: 248 HOLIDAY RD.

LEXINGTON, KY 40502

Director: JEFFREY P. HEATH

Address: 551 GINGER MILL RD.

LEXINGTON, KY 40509

B. OFFICERS

President: JOEL F. GUERIN

Address: 118 STOURBRIDGE RD.

VERSAILLES, KY 40383

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

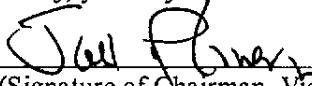
Secretary: JEFFREY T. LILLICH

Address: 3332 LYON DR. LEXINGTON, KY 40513

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.   
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. JOEL F. GUERIN - PRESIDENT  
(Typed or printed name and capacity of person signing application)

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03 MAY 12 PM 1:09  
LEXINGTON, KY



**John Y. Brown  
Secretary of State**

**Certificate of Existence**

I, John Y. Brown, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

**TEMPUR-MEDICAL, INC.**

is a corporation duly organized and existing under KRS Chapter 271B, whose date of incorporation is January 1, 1997 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 271B.16-220 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 7th day of May, 2003.



*John Y. Brown, III*

John Y. Brown III  
Secretary of State  
Commonwealth of Kentucky  
mstratton/0426283