

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000006741

FILED  
Jan 19, 2009  
Secretary of State

Entity Name: SLEEPMED INCORPORATED

## Current Principal Place of Business:

200 CORPORATE PLACE, SUITE 5B  
PEABODY, MA 01960

## New Principal Place of Business:

## Current Mailing Address:

200 CORPORATE PLACE, SUITE 5B  
PEABODY, MA 01960

## New Mailing Address:

FEI Number: 04-3490832

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED  
1203 GOVERNORS SQUARE BLVD  
SUITE 101  
TALLAHASSEE, FL 323012960 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VPFA ( ) Delete  
Name: ROSE, JOSEPH A  
Address: 8 PITCAIRN WAY  
City-St-Zip: IPSWICH, MA 01938

Title: PCEO ( ) Delete  
Name: LEWIS, DAVID J  
Address: 3021 BLOSSOM STREET  
City-St-Zip: COLUMBIA, SC 29201

Title: D ( ) Delete  
Name: MYERS, JERRY K  
Address: 2900 INDIGO BUSH WAY  
City-St-Zip: NAPLES, FL 34105

Title: D ( ) Delete  
Name: CURRIE, JAMES L  
Address: 190 S. LASALLE ST., STE. 2800  
City-St-Zip: CHICAGO, IL 60603

Title: D ( ) Delete  
Name: RICKERT, ANTHONY  
Address: 6502 BROAD ST.  
City-St-Zip: BETHESDA, MD 20816

Title: D ( ) Delete  
Name: KEIM, JOHN  
Address: 305 WOODDUCK RD.  
City-St-Zip: COLUMBIA, SC 29223

## 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:

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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH A. ROSE

VPFA

01/19/2009

Electronic Signature of Signing Officer or Director

Date