

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F99000006741

FILED
Jul 08, 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

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: D (X) Change () Addition
Name: BOGAN, RICHARD M.D.
Address: 700 GERVAIS STREET, SUITE 200
City-St-Zip: COLUMBIA, SC 29201

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

07/08/2009

Electronic Signature of Signing Officer or Director

Date