2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J88558

FILED Apr 19, 2004 Secretary of State

Entity Name: THE INTERMITTENT COMPRESSION CORPORATION

Littly Nun	iic.	KIVIITTEINT COIVII RECOICIN	CON CNATION		
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
STE. 202	ALE MABRY				
TAMPA, FL	_ 33614 US				
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
7823 N. DA STE. 202	ALE MABRY				
TAMPA, FL	_ 33614 US				
FEI Number:	59-2846624	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Add				New Registered Agent:	
100 N TAM STE 1975	, DOUGLAS IPA STREET 33602 US				
,	named entity s	ubmits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE:				
	Electroni	c Signature of Registered Age	ent	Date	
Election Can	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DPT () EDGERTON, RC 13918 SHADY S TAMPA, FL 336	HORES DR	Title: (Name: Address: City-St-Zip:) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROY EDGERTON DPT 04/19/2004