

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J88558

**Entity Name:** THE INTERMITTENT COMPRESSION CORPORATION

**Current Principal Place of Business:**

7823 N. DALE MABRY  
STE. 202  
TAMPA, FL 33614

**Current Mailing Address:**

7823 N. DALE MABRY  
STE. 202  
TAMPA, FL 33614 US

**FEI Number:** 59-2846624

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

GREGORY, DOUGLAS  
607 W BAY ST  
STE 1975  
TAMPA, FL 33606 US

*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

**Officer/Director Detail :**

Title            DIR  
Name            EDGERTON, ROY G  
Address        13918 SHADY SHORES DR  
City-State-Zip: TAMPA FL 33613

*I hereby 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 all other like empowered.*

**SIGNATURE:** ROY G. EDGERTON

DIR

01/09/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date