### 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. DIRECTOR

# SIGNATURE: ROY EDGERTON

## 2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# J88558

## Entity Name: THE INTERMITTENT COMPRESSION CORPORATION

## **Current Principal Place of Business:**

7823 N. DALE MABRY HWY. STE. 100 TAMPA, FL 33614

#### **Current Mailing Address:**

7823 N. DALE MABRY HWY. SUITE 100 TAMPA, FL 33614 US

#### FEI Number: 59-2846624

#### 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

#### **Officer/Director Detail :**

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

## Certificate of Status Desired: No

Date

01/14/2019 Date

FILED Jan 14, 2019 Secretary of State 2511146784CC

Electronic Signature of Signing Officer/Director Detail