

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J88558

**FILED**  
**Jan 12, 2012**  
**Secretary of State**

**Entity Name:** THE INTERMITTENT COMPRESSION CORPORATION

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 59-2846624      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

GREGORY, DOUGLAS  
607 W BAY ST  
STE 1975  
TAMPA, FL 33606 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: DIR  
Name: EDGERTON, ROY G  
Address: 13918 SHADY SHORES DR  
City-St-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

01/12/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date