## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # F9400002027 (0)
1. Corporation Name

| LEDFORD | MEDICAL | ELECTRONICS, | INC. |
|---------|---------|--------------|------|
|---------|---------|--------------|------|

Principal Place of Business

Mailing Address

5637 EVELYN VIEW DRIVE ARCHDALE NC 27263 5637 EVELYN VIEW DRIVE ARCHDALF NC 27263



| ARCHDALE   | NC 27263   | ARCHDALE NC 27263   |  |  |                                  |  |          |                             |                |
|--|--|---------------------|--|--|----------------------------------|--|----------|-----------------------------|----------------|
|  |  |                     |  |  |                                  | 3. Date Incorporated or Qualified 04/20/1994 | 3a.      | Date of Last Re<br>03/17/19 |                |
| 2. Principal F   | hace of Business   | 2a. Mailing Address |  |  |                                  | 4. FEI Number                                |          |                             | Applied For    |
| 1  |  | 26                  |  |  |                                  | 56-1360740                                   |          |                             | Not Applicable |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc. | 1  |  | 5. Certificate of Status Desired |  |          | Additional<br>Required      |                |
| City & State City & State  |  |                     |  |  |                                  | 6. Election Campaign Financing               |          | \$5.0                       | May Be         |
| il<br>1  |  | 28                  |  |  |                                  | Trust Fund Contribution                      |          |                             | d to Fees      |
|  | Country  | Zip                 | Cou  | intry  |                                  | 8. This corporation has liability for        | intangib | le tax under s              | 199.032,       |
|  | 25   | 29                  | 30   |  |                                  |  | ZN       |                             |                |
|  | 9. Name and Address of Current   | Registered Agent    |  |  |                                  | 10. Name and Address of New i                | Registe  | red Agent                   |                |
|  |  |                     |  | 81   | Name                             |  |          |                             |                |
| CTC  | ORPORATION SYSTEM  |                     |  | 62   | Street Addre                     | ss (P.O. Box Number is Not Acceptal          | ble)     |                             |                |
| 1200 \$  | SOUTH PINE ISLAND ROAD   |                     |  |  |                                  |  |          |                             |                |
| PLAN1  | TATION FL 33324  |                     |  | 83   |                                  |  |          |                             |                |
|  |  |                     |  | 84   | City                             |  |          | . 85 Zi                     | p Code         |
|  | t to the provisions of Sections 607.0502   |                     |  | 1  | •                                |  |          | F <b>i</b> L   T            |                |
| IGNATURE   | with, and accept the obligations of Sections of Sections are to the section of th |                     |  | d Agent  | signature required               |  | A(3      |                             |                |
| 2.   | OFFICERS AND   | DIRECTORS           | 13.  |  |                                  | ADDITIONS/CHANGES TO OF                      | FICERS   |                             |                |
| LF   | PD   | DELETE              | 1. 1                                       | TITLE  |                                  |  |          | ☐ Change                    | Addition       |
| ы  | LEDFORD, CHARLES W SR  |                     | 1.21                                       | IAME   |                                  |  |          |                             |                |
| REET AUGRESS   | 5637 EVELYN VIEW DRIVE   |                     | 1.3 \$                                     | STREET A   | ADDRESS                          |  |          |                             |                |
| D - \$1 - 210  | ARCHDALE NC 27263  |                     | 141  | CIY-ST   | · ZiP                            |  |          |                             | ETT ALTER-     |
| LF   | VD   | ☐ DELETE            | 2 1  | TITLE  | 1                                |  |          | ☐ Change                    | Addition       |
| SM.  | LEDFORD, MICHAEL D   |                     | 221  | NAME   |                                  |  |          |                             |                |
| IRELLADORESS   |  |                     | 23   | STREET A   | ADDRESS                          |  |          |                             |                |
| V \$1-7IF  | ARCHDALE NC 27263  |                     |  | CITY-ST  | - ZIP                            |  |          | Change                      | ☐ Addition     |
| igE.   | SD   | □ DELETE            |  | TITLE  |                                  |  |          | ☐ Change                    | L.J Audition   |
| MI.  | LEDFORD, CHARLES W JR  |                     |  | NAME   |                                  |  |          |                             |                |
| RELLIADORESS   |  |                     |  |  | ADDFIESS                         |  |          |                             |                |
| 1Y \$1-70  | ARCHDALE NC 27263  | Fi Musti            |  | CITY-ST  | - 7IP                            |  |          | Change                      | Addition       |
| T1 F   | TD   | DECETE              |  | TITLE  |                                  |  |          | L Divingo                   |                |
| 4Mf  | LEDFORD, SARA D  |                     |  | NAME   | *DODGGG                          |  |          |                             |                |
|  | PANT FUEL VALUE OF THE PARTY   |                     | <b>■</b> 1/2                               | STREET   | address                          |  |          |                             |                |
| IFFF) ACORES   |  |                     |  | •  | 710                              |  |          |                             |                |
| IFFF CACORES   | ARCHDALE NC 27263  | L.J. DETER          | 4.4  | CITY - ST  | r - ZIP                          |  |          | Change                      | [ Addition     |
| IFFFE ACORES<br>TY-ST-ZIE<br>TEF   | ARCHDALE NC 27263  | ☐ DELFIE            | 4.4<br>5 1                                 | CITY - ST<br>TITLE                                       | r - ZIP                          |  |          | Change                      | Addition       |
| IFFF) ACORES<br>ITY: \$1-ZIP<br>ITF<br>AM:   | ARCHDALE NC 27263 D KIRKPATRICK, SALLYE L  | ☐ DELFIE            | 4.4<br>5 1<br>52                           | CITY - ST<br>TITLE<br>NAME                               |                                  |  |          | ☐ Change                    | Addition       |
| TEEE EACORESE<br>TEEE EAME<br>AME<br>TEE: EADDRESE                                     | ARCHDALE NC 27263 D KIRKPATRICK, SALLYE L 5637 EVELYN VIEW DRIVE   | ☐ DELFIE            | 4.4<br>5 1<br>52<br>53                     | CITY-ST<br>TITLE<br>NAME<br>STREET                       | ADDFESS                          |  |          | Change                      | Addition       |
| IFFE ADDRESS<br>ILY ST-ZIP<br>ILF<br>AM:<br>ISFE LADDRESS<br>IN ST-ZP                  | ARCHDALE NC 27263 D KIRKPATRICK, SALLYE L 5637 EVELYN VIEW DRIVE ARCHDALE NC   |                     | 4.4<br>5 1<br>52<br>53<br>54               | CITY - ST<br>TITLE<br>NAME<br>STREET A<br>CITY - ST      | ADDFESS                          |  |          |                             |                |
| JEHELADDRESS<br>HILE<br>JAME<br>JAME LADDRESS<br>JAME SE ZP<br>JAME SE ZP              | ARCHDALE NC 27263 D KIRKPATRICK, SALLYE L 5637 EVELYN VIEW DRIVE ARCHDALE NC D   | ☐ DELETE            | 4.4<br>5 1<br>52<br>53<br>54<br>6 1        | CITY-ST<br>THUE<br>NAME<br>STREET A<br>CITY-ST<br>TITLE  | ADDFESS                          |  |          | ☐ Change                    |                |
| NIEEE ACORESE<br>HOE<br>HOE<br>NAME<br>SISECT ADDRESS<br>CITY SE Z.P.<br>HILLE<br>NEME | ARCHDALE NC 27263 D KIRKPATRICK, SALLYE L 5637 EVELYN VIEW DRIVE ARCHDALE NC D LEDFORD, LYNNE  |                     | 4.4<br>5.1<br>5.2<br>5.3<br>5.4<br>6.1     | CITY-ST<br>TITLE<br>NAME<br>STREET A<br>CITY-ST<br>TITLE | AODFESS<br>1-ZiP                 |  |          |                             | Addition       |
| STEEL ACORES<br>OUY-ST-ZIE<br>HOE<br>SAMS<br>STEEL ACORES<br>TIN ST-ZIE<br>UITE        | ARCHDALE NC 27263 D KIRKPATRICK, SALLYE L 5637 EVELYN VIEW DRIVE ARCHDALE NC D LEDFORD, LYNNE  |                     | 4.4<br>5 1<br>52<br>53<br>54<br>6 1<br>6 3 | CITY-ST<br>TITLE<br>NAME<br>STREET A<br>CITY-ST<br>TITLE | ADDFESS<br>T-ZiP<br>ADDFESS      |  |          |                             |                |

4. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes: Turnier certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated that I are notificar or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.)

SIGNATURE:

2/13/96

(910) 431-6969

Daytime Phone #