FILE NOW: FILING FEE AFTER MAY 1 IS \$55D.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # F9400002027 (0)

LEDFORD MEDICAL ELECTRONICS, INC.

Principal Place of Business

Mailing Address

FILED May 09 1997 8:00am Secretary of State



6637 EVELYN VIEW DRIVE ARCHDALE NC 27263		5637 EVELYN VIEW DRIVE ARCHDALE NC 27263-7526					
					3. Date incorporated or Qualified 04/20/1994	3a. Date of Last F 02/20/1996	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	LIA	oplied For	
21		26		56-1360740		ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 24	Country 25	Zip 29	Gounti 30	у	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No		
	9. Name and Address of Currer	nt Registered Agent	8	T	10. Name and Address of New Re	gistered Agent	
C T CORPORATION SYSTEM							
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				82 Street Address (P.O. Box Number is Not Acceptable)			
			8	3			
٨			8-	1 1		FL '	Code
11. Pursuant office or r	to the provisions of Sections 607.050 registered agent, or both, in the State	02 and 607.1508, Florida Statul e of Florida. Such change was	les, the aborauthorized t	ve-named corpora	poration submits this statement for the p ation's board of directors. I hereby accep	urpose of changing of the appointment as	ts registered registered
SIGNATURE					ulred when reinstating)	DATE	
12.	Signature, typed or printed name of registered age OFFICERS AN	ID DIRECTORS	13.	geni signa:ure ruqo	ADDITIONS/CHANGES TO OFFIC		RS IN 12
TITLE	PD	DELETE	1.1 TOLE	 		Change	Addition
NAME	LEDFORD, CHARLES W SR		1.2 NAME				,
STREET ADDRESS	5637 EVELYN VIEW DRIVE		1.3 STR9	1 ADDRESS			
CITY-ST-ZIP	ARCHDALE NC 27263			S1-ZIP			<u></u>
TITLE	VD	DELETE	2.1 TITLE			☐ Change	Addition
NAME	LEDFORD, MICHAEL D		22 NAME				
STREET ADDRESS	5637 EVELYN VIEW DRIVE			ET ADDRESS			
CITY-ST-ZIP	ARCHDALE NC 27263	DELETE	2. 4 CITY			Change	Addition
TITLE	LEDFORD, CHARLES W JR	ן אנונונ	3.1 TITLE			L_J Gliange	Lad Addition
NAME Street address	5637 EVELYN VIEW DRIVE		3,2 NAMI	ET ADDRESS			
CITY-ST-ZIP	ARCHDALE NC 27283		3.4. CITY				
TITLE	TD	DELETE	4.1 111LE			☐ Change	Addition
NAME	LEDFORD, SARA D		4. 2 NAM	1			
STREET ADDRESS	5637 EVELYN VIEW DRIVE		4.3 STRE	E1 ADDRESS			
CITY-ST-ZIP	ARCHDALE NC 27263		4,4 CI1Y-				
TITLE	D CALLYE	☐ DELETE	5 1 TITLE	i		Change	Addition
NAME	KIRKPATRICK, SALLYE L 5637 EVELYN VIEW DRIVE		5.2 NAMI				
STREET ADDRESS	ARCHDALE NC			ET ADDRESS			
CITY-ST-ZIP TITLE	D D	DELETE	5,4 CMY- 6.1 Tille			Change	Addition
NAME	LEDFORD, LYNNE		6.1 TITLE			t change	- radiation
STREET ADDRESS	5637 EVELYN VIEW DRIVE			ET ADDRESS			
CITY-ST-ZIP	ARCHDALE NC 27263		6,4 CITY	i i			
J111-31-21			3,7 5111				

I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 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 in Block 12 or Block 13 if changed, or on an attachment with an address.