

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000002027

FILED  
May 04, 2010  
Secretary of State

**Entity Name:** LEDFORD MEDICAL ELECTRONICS, INC.

**Current Principal Place of Business:**

1417 BOULDER CT  
NA  
GREENSBORO, NC 27409

**New Principal Place of Business:**

**Current Mailing Address:**

PO DRAWER 1889  
JAMESTOWN, NC 27282

**New Mailing Address:**

**FEI Number:** 56-1360740

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Election Campaign Financing Trust Fund Contribution ( )**

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** LEDFORD, CHARLES W  
**Address:** 1903 GUILFORD COLLEGE RD  
**City-St-Zip:** JAMESTOWN, NC 27282

**Title:** VD  
**Name:** LDEFORD, HENRY F  
**Address:** 3832 N MAIN STREET  
**City-St-Zip:** HIGH POINT, NC 27265

**Title:** SD  
**Name:** LEDFORD, MICHAEL D  
**Address:** 1815 GUILFORD COLLEGE RD  
**City-St-Zip:** JAMESTOWN, NC 27282

**Title:** TD  
**Name:** LEDFORD, SARA DEAN  
**Address:** 1417 BOLDER CT  
**City-St-Zip:** GREENSBORO, NC 27409

**Title:** VD  
**Name:** KIRKPATRICK, SALLYE L  
**Address:** 369 TURNPIKE ROAD  
**City-St-Zip:** THOMASVILLE, NC 27360

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:** CHARLES W. LEDFORD

PD

05/04/2010

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

\_\_\_\_\_  
Date