

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000002027

FILED
Mar 31, 2011
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:

5637 EVELYN VIEW DR.
NA
ARCHDALE, NC 27263

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

OFFICERS AND DIRECTORS:

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

Title: VD
Name: LEDFORD, 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

03/31/2011

Electronic Signature of Signing Officer or Director

Date