EMANDEVELOPMENT, INC.
10000 Shelbyville Road, Suite 100
Louisville, Kentucky 40223

Telephone (502) 245-6623

Fax (502) 245-4792

May 19, 1999

Florida Department of State Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399

VIA FEDERAL EXPRESS

300002884443---E -05/24/99--01124--011 ****285.00 ****285.00

Re: <u>LEXON Medical Management, L.L.C.</u>

Dear Sir or Madam:

Enclosed are one original and one copy of Articles of Organization and Affidavit, and a Designation of Registered Agent, for LEXON Medical Management, L.L.C.

Also enclosed is a check in the amount of \$285 to cover the filing fees for the company's Articles of Organization and Affidavit, and also the Designation of Registered Agent.

Please file the enclosed documents and send notification of filing to me at the above address.

Thank you.

Sincerely,

John S. Dowds

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Enclosures

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ARTICLES OF ORGANIZATION OF LEXON MEDICAL MANAGEMENT, L.L.C.

- 1. The name of the limited liability company (the "Company") shall be LEXON Medical Management, L.L.C.
- 2. The period of duration of the Company shall be perpetual, except as provided in the Company's Regulations.
- 3. The mailing address and the street address of the principal office of the Company are 7280 West Palmetto Park Road, Suite 105, Boca Raton, Florida 33433.
- 4. The members of the Company shall have the right to admit additional members upon a majority vote of the members in favor of such admission, and provided that such additional member(s) agree in writing to bound by all of the terms and provisions of the Company's Regulations.
- 5. The remaining members of the Company shall have the right to continue the Company's business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member, or the occurrence of any other event which terminates the continued membership of a member in the Company, by a majority vote of the remaining members in favor of such continuation of the Company's business.
- 6. The Company is to be managed by a manager or managers, and the names and addresses of the managers who are to serve as managers until the first annual meeting of members or until their successors are elected and qualified, are:

Thomas A. Dieruf 10000 Shelbyville Road, Suite 100 Louisville, Kentucky 40223

James A. Patterson II 10000 Shelbyville Road, Suite 100 Louisville, Kentucky 40223

Seth Koeppel 7280 West Palmetto Park Road, Suite 105 Boca Raton, Florida 33433 99 MAY 24 AM 8: 59
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7. The undersigned member of the Company certifies:

a. The Company has at least one member.

b. The total amount of cash contributed to the Company by the members to date is \$0.

c. The agreed value of property other than cash contributed to the Company by the members to date is \$0.

d. The total amount of cash and property anticipated to be contributed to the Company by the members is \$1,000.

HEALTH DEVELOPMENT, INC.

Βv

Thomas A. Dieruf/President

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

- 1. The name of the limited liability company is LEXON Medical Management, L.L.C.
- The name and Florida street address of the registered agent are:

Seth Koeppel 7280 West Palmetto Park Road, Suite 105 Boca Raton, Florida 33433

Having been named the registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Seth Koeppel

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