2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003037

1. Entity Name

LEXON MEDICAL MANAGEMENT, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG 24 AM 10:02

Principal Place of Business	Mailing Address
7280 WEST PALMETTO PARK ROAD SUITE 105 BOCA RATON FL 33433	7280 WEST PALMETTO PARK ROAD SUITE 105 BOCA RATON FL 33433

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1600 S. Federal Highway	1600 S. Federal Highway
Suite, Apt. #, etc.: Suite 820	Suite, Apt. #, etc.: Suite 820
City & State: Pompano Beach, FL	City & State: Pompano Beach, FL
Zip: 33062 Country: USA	Zip: 33062 Country: USA

4. FEI Number ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KOEPPEL, SETH 7280 WEST PALMETTO PARK ROAD SUITE 105 BOCA RATON FL 33433	Name: Chet Guardino Street Address (P.O. Box Number is Not Acceptable): 1600 S. Federal Highway Suite 820 City: Pompano Beach FL Zip Code: 33062

8. 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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable.

900003389669--4
-09/06/00--01075--019
*****50.00 *****50.00

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR DIERUF, THOMAS A 10000 SHELBYVILLE ROAD SUITE 100 LOUISVILLE KY 40223	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR PATTERSON, JAMES A II 10000 SHELBYVILLE ROAD SUITE 100 LOUISVILLE KY 40223	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR KOEPPEL, SETH ~~7280 WEST PALMETTO PARK ROAD SUITE 105~~ ~~BOCA RATON FL 33433~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 1600 S. Federal Highway, Suite 820 Pompano Beach, FL 33062
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition manager chet guardino 1600 S. Federal Highway, Suite 820 Pompano Beach, FL 33062
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition manager J. Douglas Kannapell 10000 Shelbyville Rd, Suite 100 Louisville, KY 40223
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (5/00)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED 7/31/00 561-245-4623

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #