2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000003037**

1. Entity Name

LEXON MEDICAL MANAGEMENT, L.L.C.

Principal Place of Business	Mailing Address
1600 S. FEDERAL HIGHWAY, STE. 820 POMPANO BEACH FL 33062	1600 S. FEDERAL HIGHWAY, STE. 820 POMPANO BEACH FL 33062

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business	**3.** Mailing Address
14000 N. MILITARY TRAIL	10000 Shelbyville Rd.
Suite, Apt. #, etc. ST. 206-B	Suite, Apt. #, etc. ST. 100
City & State DELRAY BEACH, FL	City & State LOUISVILLE, KY
Zip 33484 Country USA	Zip 40223 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0941814 **APPLIED FOR**

	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
GUARDINO, CHET 1600 S. FEDERAL HIGHWAY, STE. 820 POMPANO BEACH FL 33062	Name Street Address (P.O. Box Number is Not Acceptable) City _____ FL ___ Zip Code

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 _____

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

FILE NOW!!! FEE IS $50.00	6000046939976——9
Make Check Payable to Department of State	—11/26/01——01087——010
Due By September 26, 2001	*****30.00 *****30.00

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 6000046939976——9 —11/26/01——01087——011 *****20.00 *****20.00	
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 1600 S. FEDERAL HIGHWAY, STE. 820 POMPANO BEACH FL 33062	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GUARDINO, CHET 1600 S. FEDERAL HIGHWAY, STE. 820 POMPANO BEACH FL 33062	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KANNARELL, J. DOUGLAS 10000 SHELBYVILLE RD., STE. 100 LOUISVILLE KY 40223	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition MGR Donald D. Buchanan 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	

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_____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #

CR2E083 (5/01)