

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Aug 11, 2002 8:00 am
Secretary of State

08-11-2002 90166 006 ****50.00

DOCUMENT # L99000003037

1. Entity Name

LEXON MEDICAL MANAGEMENT, L.L.C.

Principal Place of Business

**14000 N. MILITARY TRAIL, STE. 206-B
DELRAY BEACH FL 33484**

Mailing Address

**10000 SHELBYVILLE ROAD
STE. 100
LOUISVILLE KY 40223**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0941814**

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. I am familiar with, and accept the obligations of registered agent.

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
Make Check Payable to Department of State
Due By September 25, 2002**9. MANAGING MEMBERS/MANAGERS****10. ADDITIONS/CHANGES**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
MGR	DIERUF, THOMAS A	10000 SHELBYVILLE ROAD SUITE 100	LOUISVILLE KY 40223				
MGR	PATTERSON, JAMES A II	10000 SHELBYVILLE ROAD SUITE 100	LOUISVILLE KY 40223				
MGR	KOEPEL, SETH	1600 S. FEDERAL HIGHWAY, STE. 820	POMPANO BEACH FL 33062				
MGR	GUARDINO, CHET	1600 S. FEDERAL HIGHWAY, STE. 820	POMPANO BEACH FL 33062				
MGR	BUCHANON, DONALD D	10000 SHELBYVILLE RD., STE. 100	LOUISVILLE KY 40223				

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 (4/02)