

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90213 038 ****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**

24028600



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02252004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

65-0941814

Applied For

Not Applicable

Zip

Country

Zip

Country

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)

14000 N. Military Trail

Suite 206-B-103

City

Delray Beach

FL

Zip Code

33484

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

3-15-04

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME DIERUF, THOMAS A
STREET ADDRESS 10000 SHELBYVILLE ROAD SUITE 100
CITY-ST-ZIP LOUISVILLE, KY 40223

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME PATTERSON, JAMES A II
STREET ADDRESS 10000 SHELBYVILLE ROAD SUITE 100
CITY-ST-ZIP LOUISVILLE, KY 40223

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME KOEPPPEL, SETH
STREET ADDRESS 1600 S. FEDERAL HIGHWAY, STE. 820
CITY-ST-ZIP POMPANO BEACH, FL 33062

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **14000 N. MILITARY TRAIL STE. 206-B**
CITY-ST-ZIP **DELRAY BEACH, FL 33484**

TITLE MGR ☐ Delete
NAME GUARDINO, CHET
STREET ADDRESS 1600 S. FEDERAL HIGHWAY, STE. 820
CITY-ST-ZIP POMPANO BEACH, FL 33062

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **14000 N. MILITARY TRAIL STE. 206-B**
CITY-ST-ZIP **DELRAY BEACH, FL 33484**

TITLE MGR ☐ Delete
NAME BUCHANON, DONALD D
STREET ADDRESS 10000 SHELBYVILLE RD., STE. 100
CITY-ST-ZIP LOUISVILLE, KY 40223

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3-15-04