




# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 29, 2005 8:00 am**  
**Secretary of State**

08-29-2005 90039 032 \*\*\*\*50.00

<b>DOCUMENT # L99000003037</b> 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 5300 W. Atlantic Ave Suite, Apt. #, etc. Suite 501		3. Mailing Address Suite, Apt. #, etc.			
City & State Delray Beach, FL		City & State		4. FEI Number 06302005    Chg-LLC    CR2E083 (10/03) 65-0941814	
Zip 33484		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  GUARDINO, CHET 1400 N MILITARY TRAIL STE 103 DELRAY BEACH, FL 33484			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) 5300 W. Atlantic Ave., Ste 501 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by September 7, 2005</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DIERUF, THOMAS A 10000 SHELBYVILLE ROAD SUITE 100 LOUISVILLE, KY 40223	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PATTERSON, JAMES A II 10000 SHELBYVILLE ROAD SUITE 100 LOUISVILLE, KY 40223	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KOEPPPEL, SETH 14000 N MILITARY TRAIL STE 103 DELRAY BEACH, FL 33484	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GUARDINO, CHET 14000 N MILITARY TRAIL, STE 103 DELRAY BEACH, FL 33484	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BUCHANON, DONALD D 10000 SHELBYVILLE RD., STE. 100 LOUISVILLE, KY 40223	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR 	<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b>  <b>Thomas A Dieruf</b> 8-24-05 (502) 245-6623 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #</small>					