2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 03, 2006 08:00 AM
Secretary of State

DOCUMENT # L99000003037

1. Entity Name
LEXON MEDICAL MANAGEMENT, L.L.C.

Principal Place of Business
5300 W ATLANTIC AVE
SUITE 501
DELRAY BEACH, FL 33484

Mailing Address
10000 SHELBYVILLE ROAD
STE. 100
LOUISVILLE, KY 40223

06232006No Chg-LLC CR2E083 (11/05)

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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

GUARDINO, CHET
5300 W ATLANTIC AVE
STE 501
DELRAY BEACH, FL 33484

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

Filing Fee Is $50.00
Due by September 6, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	DIERUF, THOMAS A
STREET ADDRESS	10000 SHELBYVILLE ROAD SUITE 100
CITY-ST-ZIP	LOUISVILLE, KY 40223
TITLE	MGR
NAME	PATTERSON, JAMES A II
STREET ADDRESS	10000 SHELBYVILLE ROAD SUITE 100
CITY-ST-ZIP	LOUISVILLE, KY 40223
TITLE	MGR
NAME	KOEPPEL, SETH
STREET ADDRESS	5300 W ATLANTIC AVE STE 501
CITY-ST-ZIP	DELRAY BEACH, FL 33484
TITLE	MGR
NAME	GUARDINO, CHET
STREET ADDRESS	5300 W ATLANTIC AVE STE 501
CITY-ST-ZIP	DELRAY BEACH, FL 33484
TITLE	MGR
NAME	BUCHANON, DONALD D
STREET ADDRESS	10000 SHELBYVILLE RD., STE. 100
CITY-ST-ZIP	LOUISVILLE, KY 40223
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000567874
07/03/06-80003-013 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Thomas A. Dieruf 6-23-06 (502) 245-6623

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