2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 23, 2007 08:00 AM
Secretary of State

DOCUMENT # L99000003037

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

Principal Place of Business	Mailing Address
5300 W ATLANTIC AVE SUITE 501 DELRAY BEACH, FL 33484	10000 SHELBYVILLE ROAD STE. 100 LOUISVILLE, KY 40223

07092007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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

DO NOT WRITE IN THIS SPACE

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 14, 2007

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	

DO NOT WRITE IN THIS SPACE

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: _____ 7-9-07 561-347-0892
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #