

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

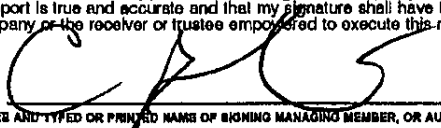
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relocating) DATE _____

**Filing Fee is \$50.00
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR DIERUF, THOMAS A 10000 SHELBYVILLE ROAD SUITE 100 LOUISVILLE, KY 40223
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR PATTERSON, JAMES A II 10000 SHELBYVILLE ROAD SUITE 100 LOUISVILLE, KY 40223
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR KOEPEL, SETH 5300 W ATLANTIC AVE STE 501 DELRAY BEACH, FL 33484
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR GUARDINO, CHET 5300 W ATLANTIC AVE STE 501 DELRAY BEACH, FL 33484
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR BUCHANON, DONALD D 10000 SHELBYVILLE RD., STE. 100 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 606, Florida Statutes.

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

7-9-07 561-347-0992
Date Daytime Phone #