## 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

## DOCUMENT# L99000003037

BUCHANON, DONALD D

LOUISVILLE, KY 40223

10000 SHELBYVILLE RD., STE. 100

Name:

Address:

City-St-Zip:

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

FILED Oct 16, 2009 Secretary of State

**Current Principal Place of Business:** New Principal Place of Business: 5300 W ATLANTIC AVE 40 SE 5TH ST SUITE 501 STE 401 DELRAY BEACH, FL 33484 BOCA RATON, FL 33432 **New Mailing Address: Current Mailing Address:** 10000 SHELBYVILLE ROAD 10000 SHELBYVILLE ROAD STE. 100 STE 100 LOUISVILLE, KY 40223 LOUISVILLE, KY 40223 FEI Number: 65-0941814 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GUARDINO, CHET GUARDINO, CHET 40 SE 5TH ST 5300 W ATLANTIC AVE STE 501 STE 401 DELRAY BEACH, FL 33484 US BOCA RATON, FL 33432 US 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. SIGNATURE: CHET GUARDINO 10/16/2009 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete DIERUF, THOMAS A Name: Name: 10000 SHELBYVILLE ROAD SUITE 100 Address: Address: City-St-Zip: LOUISVILLE, KY 40223 City-St-Zip: Title: MGR ( ) Delete Title: () Change () Addition PATTERSON, JAMES A II Name: Name: Address: 10000 SHELBYVILLE ROAD SUITE 100 Address: City-St-Zip: LOUISVILLE, KY 40223 City-St-Zip: Title: MGR () Delete Title: MGR (X) Change ( ) Addition KOEPPEL, SETH KOEPPEL, SETH Name: Name: 5300 W ATLANTIC AVE STE 501 10000 SHELBYVILLE ROAD SUITE 100 Address: Address: City-St-Zip: DELRAY BEACH, FL 33484 City-St-Zip: LOUISVILLE, KY 40223 Title: MGR () Delete Title: MGR (X) Change ( ) Addition Name: GUARDINO, CHET Name: GUARDINO, CHET 5300 W ATLANTIC AVE STE 501 Address: Address: 40 SE 5TH ST STE 401 City-St-Zip: DELRAY BEACH, FL 33484 City-St-Zip: BOCA RATON, FL 33432 Title: MGR () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

Name:

Address:

City-St-Zip:

SIGNATURE: THOMAS DIERUF MGR 10/16/2009