

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000000857**

1. Entity Name  
**NEXUCON OF FLORIDA, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 26 AM 3: 05

Principal Place of Business  
612 E.COLONIAL DRIVE, SUITE 250  
ORLANDO FL 32803

Mailing Address  
612 E.COLONIAL DRIVE, SUITE 250  
ORLANDO FL 32803-4650



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-3443751</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>HEEKIN, JAMES F JR.</b> <b>215 N. EOLA DRIVE</b> <b>ORLANDO FL 32801</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. <b>\$350,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>\$195,000.00</b>	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P96000093265	STREET ADDRESS	
NAME	MEDICAL AND HEALTHCARE RESOURCES, INC.	CITY - ST - ZIP	
STREET ADDRESS	612 E.COLONIAL DRIVE, SUITE 250		
CITY - ST - ZIP	ORLANDO FL 32803		
DOCUMENT #		STREET ADDRESS	9000003260439--0
NAME		CITY - ST - ZIP	-05/19/00--01123--007
STREET ADDRESS			****526.25 ****526.25
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
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STREET ADDRESS			
CITY - ST - ZIP			

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Ronald J. Conte* **RONALD J. CONTE** 4/18/00 407-422-2403

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR25013 (3/9/01)