


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 APR 13 PM 1:05

DOCUMENT # A97000000857	
1. Entity Name NEXUCON OF FLORIDA, LTD.	

Principal Place of Business 612 E. COLONIAL DRIVE, SUITE 250 ORLANDO, FL 32803	Mailing Address 612 E. COLONIAL DRIVE, SUITE 250 ORLANDO, FL 32803
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2. Principal Place of Business 612 E. COLONIAL DR Suite, Apt. #, etc. SUITE 350 City & State ORLANDO, FL Zip 32803 Country U.S.A.	3. Mailing Address 612 E. COLONIAL DR. Suite, Apt. #, etc. SUITE 350 City & State ORLANDO, FL Zip 32803 Country U.S.A.
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04022004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3443751	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HEEKIN, JAMES F JR. 215 N. EOLA DRIVE ORLANDO, FL 32801
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 600034388626 04/28/04--01025--002 **526.25 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. 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.

9. Capital Contributions as Shown on record. \$350,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 # NAME STREET ADDRESS CITY-ST-ZIP	P96000093265 MEDICAL AND HEALTHCARE RESOURCES, INC. 612 E. COLONIAL DRIVE, SUITE 250 ORLANDO, FL 32803	STREET ADDRESS CITY-ST-ZIP	612 E. COLONIAL DR., SUITE 350 ORLANDO, FL 32803
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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:  Exec. V.P.	Date 4/12/04	Daytime Phone # 407-4222403
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STAPLE CHECK HERE