2007 LIMITED PARTNERSHIP ANNUAL REPORT

FILED
Mar 12, 2007
Secretary of State

DOCUMENT# A97000000857

Entity Name: NEXUCON OF FLORIDA, LTD.

Current Principal Place of Business:

2061 NW 2ND AVE
207
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

2061 NW 2ND AVE
207
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 59-3443751 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEVINE, STEVEN
2061 NW 2ND AVE
207
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

GENERAL PARTNER INFORMATION:

Document #: P96000093265
Name: MEDICAL AND HEALTHCARE RESOURCES, INC.
Address: 2061 NW 2ND AVE, # 207
City-St-Zip: BOCA RATON, FL 33431

ADDRESS CHANGES ONLY:

Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: STEVEN LEVINE GP 03/12/2007

Electronic Signature of Signing General Partner — Date