

2008 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A97000000857

Entity Name: NEXUCON OF FLORIDA, LTD.

FILED
Jan 11, 2008
Secretary of State

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 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

VP

01/11/2008

Electronic Signature of Signing General Partner

Date