

2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A97000000857

Entity Name: NEXUCON OF FLORIDA, LTD.

FILED
Jan 20, 2009
Secretary of State

Current Principal Place of Business:

2061 NW 2ND AVE
207
BOCA RATON, FL 33431

Current Mailing Address:

2061 NW 2ND AVE
207
BOCA RATON, FL 33431

New Principal Place of Business:

123 NW 13TH STREET
207
BOCA RATON, FL 33432

New Mailing Address:

123 NW 13TH STREET
207
BOCA RATON, FL 33432

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:

LEVINE, STEVEN
123 NW 13TH STREET
207
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: STEVEN LEVINE

01/20/2009

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: 123 NW 13TH STREET
City-St-Zip: BOCA RATON, FL 33432

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

GP

01/20/2009

Electronic Signature of Signing General Partner

Date