

# **2010 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A97000000857

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

**FILED**  
**Jan 14, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

123 NW 13TH STREET  
207  
BOCA RATON, FL 33432

**New Principal Place of Business:**

**Current Mailing Address:**

123 NW 13TH STREET  
207  
BOCA RATON, FL 33432

**New Mailing Address:**

**FEI Number:** 59-3443751

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

LEVINE, STEVEN  
123 NW 13TH STREET  
207  
BOCA RATON, FL 33432 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: 123 NW 13TH STREET  
City-St-Zip: BOCA RATON, FL 33432

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby 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

CFO

01/14/2010

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date