

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000000857**

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



APPROVED  
AND  
FILED

03 MAR 28 AM 11:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**612 E.COLONIAL DRIVE, SUITE 250  
ORLANDO FL 32803**

Mailing Address  
**612 E.COLONIAL DRIVE, SUITE 250  
ORLANDO FL 32803**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2003**

City & State

City & State

4. FEI Number **59-3443751**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HEEKIN, JAMES F JR.  
215 N. EOLA DRIVE  
ORLANDO FL 32801**

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record. **\$350,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION**

**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 # **P96000093265**  
NAME **MEDICAL AND HEALTHCARE RESOURCES, INC.**  
STREET ADDRESS **612 E.COLONIAL DRIVE, SUITE 250**  
CITY-ST-ZIP **ORLANDO FL 32803**

STREET ADDRESS

CITY-ST-ZIP

**100014914541**  
**03/28/03--01062--004 \*\*526.00**

DOCUMENT #  
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CITY-ST-ZIP

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**1-3063**

**407-422-2403**

CR2E003 (10/02)