

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2005 8:00 am**  
**Secretary of State**

01-20-2005 90035 017 \*\*\*158.75

<b>DOCUMENT # F03000000208</b> 1. Entity Name <b>HEALTHCARE CONNECTIONS, INC.</b>					
Principal Place of Business <b>3111 N. UNIVERSITY DRIVE, SUITE 420</b> <b>CORAL SPRINGS, FL 33065</b>			Mailing Address <b>3111 N. UNIVERSITY DRIVE, SUITE 420</b> <b>CORAL SPRINGS, FL 33065</b>		
2. Principal Place of Business Suite, Apt. #, etc. <b>308</b>		3. Mailing Address Suite, Apt. #, etc. <b>308</b>		<b>50003984</b> 	
City & State		City & State		4. FEI Number <b>65-0763727</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MAININI, DONNA A</b> <b>3111 N UNIVERSITY DRIVE, SUITE 420</b> <b>CORAL SPRINGS, FL 33065</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>SUITE 308</b> City <b>FL</b> 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 <u><i>Donna A. Mainini</i></u> VP/SEC/TREAS. <span style="float: right;">1/6/05</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PC</b> <b>SCHRECK, CATHERINE M</b> <b>3111 N UNIVERSITY DRIVE, SUITE 308</b> <b>CORAL SPRINGS, FL 33065</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VST</b> <b>MAININI, DONNA A</b> <b>3111 N UNIVERSITY DRIVE, SUITE 308</b> <b>CORAL SPRINGS, FL 33065</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VC</b> <b>MAININI, DONNA A</b> <b>3111 N UNIVERSITY DRIVE, SUITE 308</b> <b>CORAL SPRINGS, FL 33065</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MAININI, LEO K</b> <b>3111 N UNIVERSITY DRIVE, SUITE 308</b> <b>CORAL SPRINGS, FL 33065</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Donna A. Mainini</i></u> <b>DONNA A. MAININI</b> <span style="float: right;">954-346-4475 1/6/05</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					