

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F03000000208

**Entity Name:** HEALTHCARE CONNECTIONS, INC.**Current Principal Place of Business:**2770 N. UNIVERSITY DRIVE  
STE 2770  
CORAL SPRINGS, FL 33065**Current Mailing Address:**2770 N. UNIVERSITY DRIVE  
STE 2770  
CORAL SPRINGS, FL 33065 US**FEI Number:** 65-0763727**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MAININI, DONNA A  
2770 N UNIVERSITY DRIVE  
STE 2770  
CORAL SPRINGS, FL 33065 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	PCD
Name	SCHRECK, CATHERINE M
Address	2770 N UNIVERSITY DRIVE, SUITE 2770
City-State-Zip:	CORAL SPRINGS FL 33065

Title	VC
Name	MAININI, DONNA A
Address	2770 N UNIVERSITY DRIVE, SUITE 2770
City-State-Zip:	CORAL SPRINGS FL 33065

Title	VSTD
Name	MAININI, DONNA A
Address	2770 N UNIVERSITY DRIVE, SUITE 2770
City-State-Zip:	CORAL SPRINGS FL 33065

Title	D
Name	MAININI, LEO K
Address	2770 N UNIVERSITY DRIVE, SUITE 2770
City-State-Zip:	CORAL SPRINGS FL 33065

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** DONNA MAININI

VP

03/17/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date