

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000000208

Entity Name: HEALTHCARE CONNECTIONS, INC.

FILED
Mar 08, 2016
Secretary of State
CC1562158542

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 VSTD
Name MAININI, DONNA A
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 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

03/08/2016

Electronic Signature of Signing Officer/Director Detail

Date