**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Mar 06, 2019**
**Secretary of State**
**0585960624CC**

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

*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: CATHERINE SCHRECK PRESIDENT 03/06/2019

Electronic Signature of Signing Officer/Director Detail — Date