



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90005 027 ***158.75

DOCUMENT # F03000000208 1. Entity Name HEALTHCARE CONNECTIONS, INC.					
Principal Place of Business 3111 N. UNIVERSITY DRIVE, SUITE 420 CORAL SPRINGS, FL 33065			Mailing Address 3111 N. UNIVERSITY DRIVE, SUITE 420 CORAL SPRINGS, FL 33065		
2. Principal Place of Business Suite, Apt. #, etc. SUITE 308		3. Mailing Address Suite, Apt. #, etc. SUITE 308			
City & State 		City & State 		4. FEI Number 65-0763727	
Zip 		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MAININI, DONNA A 3111 N UNIVERSITY DRIVE, SUITE 420 CORAL SPRINGS, FL 33065				7. Name and Address of New Registered Agent 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 <u><i>Donna A. Mainini VP/SEC/TREAS.</i></u> DATE <u><i>2/11/04</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC SCHRECK, CATHERINE M 3111 N UNIVERSITY DRIVE, SUITE 420 CORAL SPRINGS, FL 33065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SUITE 308		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST MAININI, DONNA A 3111 N UNIVERSITY DRIVE, SUITE 420 CORAL SPRINGS, FL 33065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SUITE 308		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC MAININI, DONNA A 3111 N UNIVERSITY DRIVE, SUITE 420 CORAL SPRINGS, FL 33065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SUITE 308		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 DONNA A. MAININI</i></u> <u><i>2/11/04</i></u> <u><i>954-346-4475</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					