2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2011
Secretary of State

DOCUMENT# F03000000208

Entity Name: HEALTHCARE CONNECTIONS, INC.

Current Principal Place of Business:

3111 N. UNIVERSITY DRIVE
STE 308
CORAL SPRINGS, FL 33065

New Principal Place of Business:

Current Mailing Address:

3111 N. UNIVERSITY DRIVE
STE 308
CORAL SPRINGS, FL 33065

New Mailing Address:

FEI Number: 65-0763727 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MAININI, DONNA A
3111 N UNIVERSITY DRIVE
STE 308
CORAL SPRINGS, FL 33065 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PCD
Name: SCHRECK, CATHERINE M
Address: 3111 N UNIVERSITY DRIVE,SUITE 308
City-St-Zip: CORAL SPRINGS, FL 33065

Title: VSTD
Name: MAININI, DONNA A
Address: 3111 N UNIVERSITY DRIVE, SUITE 308
City-St-Zip: CORAL SPRINGS, FL 33065

Title: VC
Name: MAININI, DONNA A
Address: 3111 N UNIVERSITY DRIVE, SUITE 308
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D
Name: MAININI, LEO K
Address: 3111 N UNIVERSITY DRIVE, SUITE 308
City-St-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 A. MAININI VP 02/25/2011

Electronic Signature of Signing Officer or Director — Date