2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2005
Secretary of State

DOCUMENT# P02000125750

Entity Name: MEDICAL CONNECTIONS, INC.

Current Principal Place of Business:

2700 W ATLANTIC BLVD #213
POMPANO BEACH, FL 33069

New Principal Place of Business:

2300 GLADES ROAD
SUITE 202E
BOCA RATON, FL 33431

Current Mailing Address:

2700 W ATLANTIC BLVD #213
POMPANO BEACH, FL 33069

New Mailing Address:

2300 GLADES ROAD
SUITE 202E
BOCA RATON, FL 33431

FEI Number: 06-1662150 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NICOLOSI, ANTHONY J
2700 WEST ATLANTIC BLVD.
SUITE 213
POMPANO BEACH, FL 33069 US

Name and Address of New Registered Agent:

NICOLOSI, ANTHONY J
2300 GLADES ROAD
SUITE 202E
BOCA RATON, FL 33431 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: 02/09/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: NICOLOSI, ANTHONY J
Address: 2700 W ATLANTIC BLVD, SUITE 312
City-St-Zip: POMPANO BEACH, FL 33069

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: NICOLOSI, ANTHONY J
Address: 2300 GLADES ROAD SUITE 202E
City-St-Zip: BOCA RATON, FL 33431

Title: D ( ) Change (X) Addition
Name: AZZATA, JOSEPH
Address: 2300 GLADES ROAD SUITE 202E
City-St-Zip: BOCA RATON, FL 33431

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ANTHONY J. NICOLOSI D 02/09/2005
Electronic Signature of Signing Officer or Director — Date