2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2012
Secretary of State

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Entity Name: MEDICAL CONNECTIONS HOLDINGS, INC.

Current Principal Place of Business:

4800 T REX AVENUE
SUITE 310
BOCA RATON, FL 33431 US

New Principal Place of Business:

Current Mailing Address:

4800 T REX AVENUE
SUITE 310
BOCA RATON, FL 33431 US

New Mailing Address:

FEI Number: 65-0920373 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ROSENFELD, JEFFREY S
4800 T REX AVENUE
SUITE 310
BOCA RATON, FL 33431 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: CE/D
Name: ROSENFELD, JEFFREY S
Address: 4800 T REX AVENUE, SUITE 310
City-St-Zip: BOCA RATON, FL 33431 US

Title: PD
Name: NICOLOSI, ANTHONY
Address: 4800 T REX AVENUE, SUITE 310
City-St-Zip: BOCA RATON, FL 33431 US

Title: CFO
Name: NEILL, BRIAN R
Address: 4800 T REX AVENUE, SUITE 310
City-St-Zip: BOCA RATON, FL 33431 US

Title: D
Name: BIEHL, DR. ALBERT G
Address: 4800 T REX AVENUE, SUITE 310
City-St-Zip: BOCA RATON, FL 33431 US

Title: D
Name: TAYLOR, ROBERT B
Address: 4800 T REX AVENUE, SUITE 310
City-St-Zip: BOCA RATON, FL 33431 US

Title: D
Name: WALLACE, JAMES E
Address: 4800 T REX AVENUE, SUITE 310
City-St-Zip: BOCA RATON, FL 33431 US

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: BRIAN NEILL CFO 02/10/2012

Electronic Signature of Signing Officer or Director — Date