



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK  
\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 73358		2. Name of Corporation Sheila A. Connery, M.D., Inc.			
3. Street Address Principal Business Office 12402 Ashville Drive			City Tampa	State FL	Zip 33626
4. Business Phone No.		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Physician, the care and treatment of human patients					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Sheila A. Connery, M.D.			Vice President Name None		
Street Address 12402 Ashville Drive			Street Address		
City Tampa	State FL	Zip 33626	City	State	Zip
Secretary Name Sheila A. Connery, M.D., Inc.			Treasurer Name Sheila A. Connery, M.D., Inc.		
Street Address 12402 Ashville Drive			Street Address 12402 Ashville Drive		
City Tampa	State FL	Zip 33626	City Tampa	State FL	Zip 33626
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Sheila A. Connery, M.D., Inc.			Director Name		
Street Address 12402 Ashville Drive			Street Address		
City Tampa	State FL	Zip 33626	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	COMM \$1.00 PAR VALUE		100	COMMON	\$1.00

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

**FILED**

File Date MAR 17 2008

Check No. 4508

By: By

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Sheila A. Connery 3/1/08  
Signature Date

Sheila A. Connery, M.D.  
Print or Type Name

**PRESIDENT**  
Title