## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P95000070754

1. Entity Name



ROGER SHEA, M.D., INC.

Principal Place of Business

Mailing Address

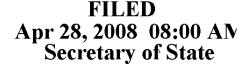
5432 BEE RIDGE ROAD

5432 BEE RIDGE ROAD

STE #140

SARASOTA, FL 34233 US

STE #140 SARASOTA, FL 34233 US





## DO NOT WRITE IN THIS SPACE

04152008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3341054

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHEA, JOHN J 269 SOUTH OSPREY AVE., STE 100 SARASOTA, FL 34236

## DO NOT WRITE IN THIS SPACE

<ol><li>The above named entity submits this statement for the p the obligations of registered agent.</li></ol>	ourpose of changing its registered office or registered agent, or be	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE	if applicable. (NOTE: Registered Agent signature required when revisitating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.	
40 OCCOCOO AND DUDGOTODO		

OFFICERS AND DIRECTORS TITLE NAME SHEA, ROGER M.D. STREET ADDRESS 5432 BEERIDGE ROAD - SUITE #140 CITY - ST - ZIP SARASOTA, FL 34233 TITLE NAME STREET ADDRESS

U00000930186 05/21/08-80099-003 158.75

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STREET ADDRESS CITY-ST-ZIP STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 ampowered 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 add

**SIGNATURE:** 

CITY+ST-ZIP TITLE NAME STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

TITLE NAME

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

ONING OFFICER OR DIRECTOR

Daytime Phone #