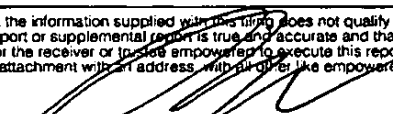


FILED
Aug 05, 2005 8:00 am
Secretary of State

66025486

DOCUMENT # P04000156552				07-13-2005 90017 050 ***150.00	
1. Entity Name SHEFFIELD ABOOD D.C., P.A.					
Principal Place of Business 660 LINTON BLVD. 104 DELRAY BEACH, FL 33444 US			Mailing Address 660 LINTON BLVD. 104 DELRAY BEACH, FL 33444 US		
2. Principal Place of Business			3. Mailing Address 3405 Bent Pine Dr		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State Ft Pierce FL		
Zip		Country	Zip		Country
			34951		U.S.
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ABOOD, SHEFFIELD T 3405 BENT PINE DR. FT. PIERCE, FL 33951			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS					
TITLE	P ☐ Delete				
NAME	ABOOD, SHEFFIELD T				
STREET ADDRESS	3405 BENT PINE DR				
CITY-ST-ZIP	FT. PIERCE, FL 34951				
TITLE	P ☐ Delete				
NAME	ABOOD, SHEFFIELD T				
STREET ADDRESS	3405 BENT PINE DR				
CITY-ST-ZIP	FT. PIERCE, FL 34951				
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 empowered 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 address, with all other like empowered.					
SIGNATURE:  7-7-05					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					