

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000156552

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** SHEFFIELD ABOOD D.C., P.A.

**Current Principal Place of Business:**

264 PEACOCK BLVD, SUITE 104  
PT. ST. LUCIE, FL 34986 US

**New Principal Place of Business:**

**Current Mailing Address:**

3405 BENT PINE DRIVE  
FORT PIERCE, FL 34951 US

**New Mailing Address:**

**FEI Number:** 20-1940840

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ABOOD, SHEFFIELD T  
3405 BENT PINE DR.  
FT. PIERCE, FL 34951 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: DR  
Name: ABOOD, SHEFFIELD T  
Address: 3405 BENT PINE DR  
City-St-Zip: FT. PIERCE, FL 34951 US

Title: P  
Name: ABOOD, SHEFFIELD T  
Address: 3405 BENT PINE DR  
City-St-Zip: FT. PIERCE, FL 34951 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: SHEFFIELD ABOOD

PRES

04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date