2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P95000086790

Entity Name: SEAN LIFFITON, D.P.M., P.A.

FILED Aug 05, 2005 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

10167 NW 31ST STREET 5441 UNIVERSITY DRIVE

SUITE 102 SUITE 102

CORAL SPRINGS, FL 33065 US CORAL SPRINGS, FL 33067 US

Current Mailing Address: New Mailing Address:

10167 NW 31ST STREET 5441 UNIVERSITY DRIVE

SUITE 102 SUITE 102

CORAL SPRINGS, FL 33065 US CORAL SPRINGS, FL 33067 US

FEI Number: 65-0624079 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

FILINGS, INC 3732 N.W. 16TH STREET FORT LAUDERDALE, FL 33311 US

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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition Title: () Delete Title:

LIFFITON, SEAN D.P.M. LIFFITON, SEAN D.P.M. Name: Name:

10167 NW 31ST STREET, SUITE 102 Address: 5441 UNIVERSITY DRIVE, SUITE 102 Address: City-St-Zip: CORAL SPRINGS, FL 33065 US City-St-Zip: CORAL SPRINGS, FL 33067 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SEAN M. LIFFITON, D.P.M. 08/05/2005 DR.