



## SHEFFIELD THOMAS ABOOD

### License Number: CH8854

Data As Of 4/26/2026

Profession	Chiropractic Physician
License	CH8854
License Status	Null And Void/
License Expiration Date	3/31/2022
License Original Issue Date	07/01/2004
Address of Record	If further information is needed, please contact the Department of Health at (850) 488-0595.
Discipline on File	No
Public Complaint	No

### Secondary Locations

#### Address

264 NW PEACOCK BLVD. SUITE 104  
PORT SAINT LUCIE, FL 34986

### Discipline/Admin Action

#### Emergency Actions

No Emergency Actions Found

#### Discipline Cases

No Discipline Found

#### Public Complaints

No Public Complaint Found

If a link does not appear for the case number, we do not have a scanned copy of the final order available in our database. To obtain a paper copy, please contact Public Records by clicking the link below:

[Discipline Public Records Request](#)

You may also contact Public Records by telephone at (850) 245-4252, option 4 or by written correspondence at:

Division of Medical Quality Assurance  
Public Records  
4052 Bald Cypress Way, Bin C01  
Tallahassee, FL 32399-3251

Please include the following:

1. Full name and license number of the practitioner;
2. Name and address where documents are to be sent; and
3. If you require certification of the documents, a \$25 fee will be charged, in addition to the duplicating charges. Certification of the requested records will not be done unless specifically requested. An invoice will be sent to you and payment will be expected within thirty days. Upon receipt of payment, material will be sent to you.

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