

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000017149

**FILED**  
**Mar 03, 2016**  
**Secretary of State**  
**CC6119040793**

**Entity Name:** A/C PARTNERS OF FLORIDA, INC.

**Current Principal Place of Business:**

388 SOUTH MILITARY TRAIL  
WEST PALM BEACH, FL 33414

**Current Mailing Address:**

3649 OLD LIGHTHOUSE CIRCLE  
WELLINGTON, FL 33414

**FEI Number:** 46-2095097

**Certificate of Status Desired:** No

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

BOUTILIER, RENEE  
3649 OLD LIGHTHOUSE CIRCLE  
WELLINGTON, FL 33414 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name BOUTILIER, KENNETH  
Address 3649 OLD LIGHTHOUSE CIRCLE  
City-State-Zip: WELLINGTON FL 33414

Title VP  
Name COHEN, MAURICE  
Address 3600 NW 84TH TERRACE  
City-State-Zip: CORAL SPRINGS FL 33065

*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:** KENNETH BOUTILIER

P

03/03/2016

Electronic Signature of Signing Officer/Director Detail

Date