

**2016 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A15000000087

**Entity Name:** SULZBACHER CENTER FOR WOMEN AND CHILDREN, LTD.

**Current Principal Place of Business:**

611 E ADAMS ST  
JACKSOINVILLE, FL 32202

**Current Mailing Address:**

611 E ADAMS ST  
JACKSOINVILLE, FL 32202 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

RAX CO.  
50 N LAURA ST  
STE 3300  
JACKSONVILLE, FL 32202 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

**General Partner Detail :**

Document # L15000018935  
Name SULZBACHER VILLAGE, LLC  
Address 611 E ADAMS ST  
City-State-Zip: JACKSOINVILLE FL 32202

*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 a general partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** /S/ CINDY FUNKHOUSER

**PRESIDENT OF MBR OF  
GP**

**04/29/2016**

\_\_\_\_\_  
Electronic Signature of Signing General Partner Detail

\_\_\_\_\_  
Date