

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000032610

**Entity Name:** ACKERMAN, LINK & SARTORY, P.A.

**Current Principal Place of Business:**

777 SOUTH FLAGLER DRIVE  
SUITE 800 EAST - PHILLIPS POINT  
WEST PALM BEACH, FL 33401-6143

**Current Mailing Address:**

777 SOUTH FLAGLER DRIVE  
SUITE 800 EAST - PHILLIPS POINT  
WEST PALM BEACH, FL 33401-6143 US

**FEI Number:** 65-0668726

**Certificate of Status Desired:** No

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

LINK, WENDY SARTORY  
777 SOUTH FLAGLER DRIVE  
SUITE 800 EAST - PHILLIPS POINT  
WEST PALM BEACH, FL 33401 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 STD  
Name ACKERMAN, DAVID P  
Address 777 SOUTH FLAGLER DRIVE  
SUITE 800 EAST - PHILLIPS POINT  
City-State-Zip: WEST PALM BEACH FL 33401-6143

Title VD  
Name LINK, SCOTT J  
Address 777 SOUTH FLAGLER DRIVE  
SUITE 800 EAST - PHILLIPS POINT  
City-State-Zip: WEST PALM BEACH FL 33401-6143

Title PD  
Name LINK, WENDY SARTORY  
Address 777 SOUTH FLAGLER DRIVE  
SUITE 800 EAST - PHILLIPS POINT  
City-State-Zip: WEST PALM BEACH FL 33401-6143

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:** WENDY SARTORY LINK

**PRESIDENT**

**01/12/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date