

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06633

FILED
Nov 21, 2008
Secretary of State

Entity Name: DELRAY MEDICAL CENTER OFFICE CONDOMINIUM ASSOCIATION III, INC.

Current Principal Place of Business:

5162 LINTON BLVD
#201
DELRAY BEACH, FL 33484

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6286
BOCA RATON, FL 334276286

New Mailing Address:

2101 NW CORPORATE BLVD
317
BOCA RATON, FL 33431

FEI Number: 59-2763377 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

NORTH, GLORIA O
5301 N FEDERAL HWY
#380
BOCA RATON, FL 33437 US

Name and Address of New Registered Agent:

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: GLORIA NORTH

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: FRIEDMAN, STUART DR
Address: 5162 LINTON BLVD. #201
City-St-Zip: DELRAY BCH., FL 33484

Title: DST () Delete
Name: LURIE, FAYVA DR
Address: 5162 LINTON BLVD #103
City-St-Zip: DELRAY BEACH, FL 33484

Title: DV () Delete
Name: WITT, DAVID
Address: 5162 LINTON BLVD #105
City-St-Zip: DELRAY BEACH, FL 33484

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALEX LEONARDO

CPA

11/21/2008

Electronic Signature of Signing Officer or Director

Date