

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06633

**FILED**  
**Apr 07, 2010**  
**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:**

2101 NW CORPORATE BLVD  
317  
BOCA RATON, FL 33431

**New Mailing Address:**

**FEI Number:** 59-2763377

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CAPLIN, SACHS S  
6111 BROKEN SOUND PRKWAY NW  
SUITE 200  
BOCA RATON, FL 33498 US

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

ASSOCIATED CORPORATE SERVICES, LLC  
6111 BROKEN SOUND PRKWAY NW  
SUITE 200  
BOCA RATON, FL 33498 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: LOU CAPLAN

04/07/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DR. STUART FRIEDMAN

DP

04/07/2010

Electronic Signature of Signing Officer or Director

Date