

**2025 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL
REPORT**

DOCUMENT# N06633

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

Current Principal Place of Business:

5162 LINTON BLVD.
DELRAY BEACH, FL 33484

Current Mailing Address:

1075 BROKEN SOUND PARKWAY NW
SUITE 105
BOCA RATON, FL 33487 US

FEI Number: 59-2763377

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CONCIERGE PROPERTY SOLUTIONS
1075 BROKEN SOUND PARKWAY NW
SUITE 105
BOCA RATON, FL 33487 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: DAVID WITT

09/25/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name WITT, DAVID
Address 5162 LINTON BLVD. #105
City-State-Zip: DELRAY BEACH FL 33484

Title SECRETARY
Name FRIEDMAN, STUART DR.
Address 5162 LINTON BLVD. #201
City-State-Zip: DELRAY BEACH FL 33484

Title TREASURER
Name SKOCZYLAS, LEOR DR.
Address 5162 LINTON BLVD. #202
City-State-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: DAVID WITT

PRESIDENT

09/25/2025

Electronic Signature of Signing Officer/Director Detail

Date