

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06633

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

**Current Principal Place of Business:**

5162 LINTON BLVD  
#201  
DELRAY BEACH, FL 33484

**Current Mailing Address:**

6111 BROKEN SOUND PARKWAY NW  
200  
BOCA RATON, FL 33487

**FEI Number: 59-2763377**

**Certificate of Status Desired: No**

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

SACHS, SAX, CAPLAN  
6111 BROKEN SOUND PRKWAY NW  
SUITE 200  
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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title VP T  
Name HOLTZMAN, BRUCE DR  
Address 5162 LINTON BLVD #206  
City-State-Zip: DELRAY BEACH FL 33484

Title SECRETARY  
Name SCHWARTZFARB, DAVID DR.  
Address 5162 LINTON BLVD  
#203  
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: DR STUART FRIEDMAN**

**P T**

**03/16/2019**

Electronic Signature of Signing Officer/Director Detail

Date