2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2016
Secretary of State
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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	Title	VP T
Name	FRIEDMAN, STUART DR	Name	HOLTZMAN, BRUCE DR
Address	5162 LINTON BLVD. #201	Address	5162 LINTON BLVD #206
City-State-Zip:	DELRAY BCH. FL 33484	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: STUART FRIEDMAN P T 03/04/2016

Electronic Signature of Signing Officer/Director Detail — Date