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Secretary of State

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 761092

1. Corporation Name

THE AMERICAN SOCIETY OF RETIRED DENTISTS, INC.

Principal Place of Business

1 W CAMINO REAL BV #207  
BOCA RATON FL 33432

Mailing Address

1 W CAMINO REAL BV #207  
BOCA RATON FL 33432



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		02/02/1982	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2177813	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country			
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ROSENBERG, MURRAY 5450 E. VERONA DRIVE BOYTON BCH. FL 33437				81 Name MACKLER, HARRY			
				82 Street Address (P.O. Box Number is Not Acceptable) 11050 BOCA WOODS LANE			
				83			
				84 City BOCA RATON		85 Zip Code FL 33428	

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Harry Mackler* HARRY MACKLER, President 1/19/99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	T	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	ELLIOTT, BRODY		1.2 NAME				
STREET ADDRESS	801 CARAWAY CT		1.3 STREET ADDRESS				
CITY-ST-ZIP	WELLINGTON FL 33414		1.4 CITY-ST-ZIP				
TITLE	T	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	ROSEN, ALAN		2.2 NAME				
STREET ADDRESS	22753 ROYAL CROWN TERRACE E		2.3 STREET ADDRESS				
CITY-ST-ZIP	BOCA RATON FL 33433		2.4 CITY-ST-ZIP				
TITLE	T	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	AARON, MARVIN		3.2 NAME				
STREET ADDRESS	1000 N US HWY 1-JAMAICA 301		3.3 STREET ADDRESS				
CITY-ST-ZIP	JUPITER FL 33477		3.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	MACKLER, HARRY		4.2 NAME	MACKLER, HARRY			
STREET ADDRESS	11050 BOCA WOODS LANE		4.3 STREET ADDRESS	11050 BOCA WOODS LANE			
CITY-ST-ZIP	BOCA RATON FL 33428		4.4 CITY-ST-ZIP	BOCA RATON 33428			
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Harry Mackler* HARRY MACKLER 1/19/99 561 395 2723  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)