2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug 16, 2004 8:00 am Secretary of State **DOCUMENT # 761092** 1. Entity Name 08-16-2004 90018 039 ****61.25 THE AMERICAN SOCIETY OF RETIRED DENTISTS. INC. Principal Place of Business Mailing Address 1 W CAMINO REAL BY #207 1 W CAMINO REAL BV #207 **BOCA RATON FL 33432 BOCA RATON FL 33432** 2. Principal Place of Business 3. Mailing Address 20283 STATE RD 20283 STATE RD Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CB2E037 (4/04) 300 300 Applied For City & State City & State 4. FEI Number BUCA RATON BUCA RATON 59-2177813 Not Applicable 33498 Country 3°3498 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MACKLER, HARRY Street Address (P.O. Box Number is Not Acceptable) 11050 BOCA WOODS LANE **BOCA RATON FL 33428** City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE HARRY E MACKLER FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By September 8, 2004 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10 11. TITLE Delete TITLE DR ALVIN KRASNE Change D ELLIOTT, BRODY NAME NAME DRIVE **801 CARAWAY CT** STREET ADDRESS STREET ADDRESS BOYNTON BEACH 1= 33437 WELLINGTON FL 33414 CITY-ST-ZIP CITY-ST-ZIP OR MALVIN RING ☐ Change ☐ Addition TITLE TITLE Delete ROSEN, ALAN NAME NAME FARNAM N-4013 22753 ROYAL CROWN TERRACE E STREET ADDRESS STREET ADDRESS DEERFIELD BEACH FL 33442 **BOCA RATON FL 33433** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE MACKLER, HARRY NAME NAME 11050 BOCA WOODS LANE STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33428** CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition MACKLER, HARRY NAME NAME 11050 BOCA WOODS LANE STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33428** CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

August 4 04

FILED