


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 12, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # 761092  
 1. Entity Name  
 THE AMERICAN SOCIETY OF RETIRED DENTISTS, INC.



Principal Place of Business  
 20283 STATE RD 7  
 300  
 BOCA RATON, FL 33498

Mailing Address  
 20283 STATE RD 7  
 300  
 BOCA RATON, FL 33498

**DO NOT WRITE IN THIS SPACE**



07092007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2177813	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MACKLER, HARRY  
 11050 BOCA WOODS LANE  
 BOCA RATON, FL 33428

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KRASNE, ALVIN 10135 DIAMOND LAKE DRIVE BOYNTON BEACH, FL 33437
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RING, MALVIN DR FARNAM N-4013 DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MACKLER, HARRY 11050 BOCA WOODS LANE BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MACKLER, HARRY 11050 BOCA WOODS LANE BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000768334  
 07/12/07-80004-010 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 filers empowered.

SIGNATURE: *Harry Mackler* July 10/07 561-482-1885

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #