

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2008 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**



04212008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2177813

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

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05/14/08-80028-007 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HARRY E MACKLER

Date

Daytime Phone #

4/21/08 8561
782-1885