


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90044 032 ***150.00

DOCUMENT # P99000108629
 1. Entity Name
PALACE PARTNERS OF SARASOTA, INC.




Principal Place of Business Mailing Address
 1 SOUTH SCHOOL AVE 1 SOUTH SCHOOL AVE
 STE 1000 STE 1000
 SARASOTA, FL 34237 SARASOTA, FL 34237

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



01052004 Chg-P CR2E034 (10/03)
 4. FEI Number Applied For
65-0969889 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 MATZKIN, STEVEN R
 1 SOUTH SCHOL AVD STE 1000
 SARASOTA, FL 34236

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MATZKIN, STEVE	
STREET ADDRESS	1 SOUTH SCHOOL AVENUE STE 1000	
CITY-ST-ZIP	SARASOTA, FL 342376046	
TITLE	P	<input type="checkbox"/> Delete
NAME	LEVITT, JAREN MR.	
STREET ADDRESS	6244 CLARCK CENTER AVE. BLDG 3	
CITY-ST-ZIP	SARASOTA, FL 34238	
TITLE	P	<input type="checkbox"/> Delete
NAME	ST. GEORGE, RICK MR.	
STREET ADDRESS	692 OAK CREEK COURT	
CITY-ST-ZIP	OSPREY, FL 34229	
TITLE	P	<input type="checkbox"/> Delete
NAME	BERGER, DAVID MR.	
STREET ADDRESS	1009 TALLEVAST ROAD	
CITY-ST-ZIP	SARASOTA, FL 34243	
TITLE	P	<input type="checkbox"/> Delete
NAME	LOGAN, SAM MR.	
STREET ADDRESS	4032 RED ROCK LANE	
CITY-ST-ZIP	SARASOTA, FL 342313543	
TITLE	P	<input type="checkbox"/> Delete
NAME	DENTAL CARE ALLIANCE	
STREET ADDRESS	15 SCHOOL AVENUE STE 1000	
CITY-ST-ZIP	SARASOTA, FL 34237	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Levitt, Jaren mr.	
STREET ADDRESS	6244 Clark Center Ave, Bldg 3	
CITY-ST-ZIP	SARASOTA, FL 34238	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dental Care Alliance	
STREET ADDRESS	1 South School Avenue, Ste 1000	
CITY-ST-ZIP	SARASOTA, FL 34237	

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 607, 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: S R Matzkin 1/27/04 _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #