


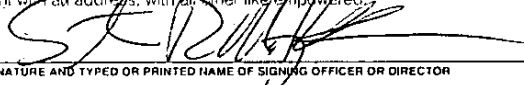
2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90051 050 ***150.00

40013344



DOCUMENT # P99000108629					
1. Entity Name PALACE PARTNERS OF SARASOTA, INC.					
Principal Place of Business 1 SOUTH SCHOOL AVE STE 1000 SARASOTA, FL 34237			Mailing Address 1 SOUTH SCHOOL AVE STE 1000 SARASOTA, FL 34237		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0969889	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MATZKIN, STEVEN R 1 SOUTH SCHOL AVD STE 1000 SARASOTA, FL 34236			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 re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MATZKIN, STEVE	NAME			
STREET ADDRESS	1 SOUTH SCHOOL AVENUE STE 1000	STREET ADDRESS			
CITY-ST-ZIP	SARASOTA, FL 342376046	CITY-ST-ZIP			
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LEVITT, JAREN MR.	NAME			
STREET ADDRESS	6244 CLARK CENTER AVE, BLDG 3	STREET ADDRESS			
CITY-ST-ZIP	SARASOTA, FL 34238	CITY-ST-ZIP			
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ST-GEORGE, RICK MR.	NAME			
STREET ADDRESS	692 OAK CREEK COURT	STREET ADDRESS			
CITY-ST-ZIP	OSPREY, FL 34229	CITY-ST-ZIP			
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BERGER, DAVID MR.	NAME			
STREET ADDRESS	1009 TALLEVAST ROAD	STREET ADDRESS			
CITY-ST-ZIP	SARASOTA, FL 34243	CITY-ST-ZIP			
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LOGAN, SAM MR.	NAME			
STREET ADDRESS	4032 RED ROCK LANE	STREET ADDRESS			
CITY-ST-ZIP	SARASOTA, FL 342313543	CITY-ST-ZIP			
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DENTAL CARE ALLIANCE	NAME			
STREET ADDRESS	1 SOUTH SCHOOL AVENUE STE 1000	STREET ADDRESS			
CITY-ST-ZIP	SARASOTA, FL 34237	CITY-ST-ZIP			
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 information.					
SIGNATURE: 		2/3/05		941-955-2650	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	