


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2006 8:00 am
Secretary of State

02-08-2006 90015 016 ***150.00

DOCUMENT # P99000108629

1. Entity Name
PALACE PARTNERS OF SARASOTA, INC.



Principal Place of Business Mailing Address


**1 SOUTH SCHOOL AVE
 STE 1000
 SARASOTA, FL 34237** **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

Zip Country Zip Country



01272006 Chg-P CR2E034 (11/05)

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 reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$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 checked="" 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 checked="" 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 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 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:  Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR