


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90093 007 ***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 - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

4. FEI Number 65-0969889 Applied For 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	
NAME	MATZKIN, STEVE	
STREET ADDRESS	1 SOUTH SCHOOL AVENUE STE 1000	
CITY-ST-ZIP	SARASOTA, FL 342376046	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	LEVITT, JAREN MR.	
STREET ADDRESS	6244 CLARK CENTER AVE, BLDG 3	
CITY-ST-ZIP	SARASOTA, FL 34238	
TITLE	P	<input checked="" 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	1 SOUTH SCHOOL AVENUE STE 1000	
CITY-ST-ZIP	SARASOTA, FL 34237	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: STEVEN R. MATZKIN **DATE:** 4/13/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #