2004 FOR PROFIT CORPORATION

FILED Feb 02, 2004 8:00 am

| ANNUAL REPURI | | | | | | | Secretary of State | | | | |
|--|---|----------------------|---------------------|-------------------------------|--------------|--------------------------------|----------------------|--------------|--|----------------|--|
| DOCUMENT # P99000108629 1. Entity Name | | | | | | 02-02-2004 90044 032 ***150.00 | | | | | |
| PALACE PARTNERS OF SARASOTA, INC. | | | | | | | | | | | |
| Principal Plac | ce of Business | Mailing Addres | | | | | | | | | |
| 1 SOUTH SC | | 1 SOUTH SCHOOL AVE | | | | | | | | | |
| STE 1000STE | | | STE 1000 | | | <u></u> | · | | - | | |
| SARASOTA, FL 34237 SARASOTA, FL 34237 | | | | | | | | | Z | EMBLE III | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | 7,5 | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | 01052004 | Chg-P | CR2E | 034 (10/03) | ı | |
| City & State | | City & State | | | 4. FEI Numbe | | | <u> </u> | pplied For | | |
| Zip | Country | Zip | Co | ountry | | | of Status Desired | | \$8.75 Ad | lot Applicable | |
| | | | | | | | | | Fee Require | ∍d | |
| | 6. Name and Address of Current | Registered Agent | <u> </u> | Name | | 7. Name and | Address of New | Registered | Agent | | |
| MATZKIN, STEVEN R | | | | | ddrana /[| O Boy Numb | er in Alat Annantair | la\ | | | |
| 1 SOUTH SCHOL AVD STE 1000 SARASOTA, FL 34236 | | | | | odress (r | 1.O. Box Numbe | er is Not Acceptab | ie) | | | |
| | | | | | | | | | | | |
| City | | | | | | | | FL | Zip Cod | de | |
| | e named entity submits this statement for tions of registered agent. | or the purpose of ch | nanging its regis | tered office o | r registere | ed'agent, or bo | h, in the State of F | lorida. I am | familiar with | and accept | |
| SIGNATURE | | | | | | | | | | | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required | | | | | | when reinstating) | | DATE | | | |
| FIL After Ma | on Campaign Fi Fund Contributio | | | 00 May Be ed to Fees | | | | | | | |
| 10. | OFFICERS AND | DIRECTORS | 1 | 11. | • | ADDITIONS/ | CHANGES TO OF | FICERS AND | DIRECTOR | RS IN 11 | |
| TITLE | P | | Delete | TITLE | | | | | Change | Addition | |
| NAME STREET ADDRESS | MATZKIN, STEVE s 1 SOUTH SCHOOL AVENUE STE 1000 | | | NAME Street address | | | | | | | |
| CITY-ST-ZIP | i, | | | CITY-ST-ZIP | | | | | | ; | |
| TITLE | P | | 0.000 | TITLE | P | H, Jare | - wc | | Change | Addition | |
| name Street address | LEVITT, JAREN MR. 6244 CLARCK CENTER AVE. BLDG 3 | | | NAME Street address | TEAL | an an e | Center | auc. | Blda | 3 | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | SX | 7 B.ASOT | a FL 3 | 34235 | ≂ ' | | |
| TITLE | P | | Delete ¹ | TITLE | · · | 1 101 1001 | u, r, , | <u> </u> | ☐ Change | Addition | |
| NAME | ST. GEORGE, RICK MR. | | | NAME | | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | 692 OAK CREEK COURT | | | STREET ADDRESS CITY-ST-ZIP | | | | | | | |
| TITLE - | OSPREY, FL 34229 | · | | TITLE | - | | • • | | Charion | Addition | |
| NAME | BERGER, DAVID MR. | البا | | NAME | | | | | U Change | Aubilion | |
| STREET ADDRESS | 1009 TALLEVAST ROAD | | | STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP | SARASOTA, FL 34243 | | | CITY-ST-ZIP | | | | | | | |
| TITLE | Р | | | TITLE | | | | | ☐ Change | Addition | |
| NAME STREET ADDRESS | LOGAN, SAM MR. | | | NAME | | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | 4032 RED ROCK LANE SARASOTA, FL 342313543 | | | STREET ADDRESS 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 eath; 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.

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DENTAL CARE ALLIANCE

SARASOTA, FL 34237

15 SCHOOL AVENUE STE 1000

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

South School avenue, Ste 1000

34237

Dental Care alliance

SARASOIA, FI

Daytime Phone #

Change

☐ Addition