

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Aug 09, 2005 8:00 am**  
**Secretary of State**

08-09-2005 90054 016 \*\*\*\*50.00

DOCUMENT # L04000088980

1. Entity Name

HIDDEN HILLS DENTISTRY, LLC



Principal Place of Business

12086 FORT CAROLINE ROAD, UNIT 105  
JACKSONVILLE FL 32225

Mailing Address

12086 FORT CAROLINE ROAD, UNIT 105  
JACKSONVILLE FL 32225



2. Principal Place of Business

HIDDEN HILLS FAMILY DENTISTRY  
Suite, Apt. #, etc.  
#105

3. Mailing Address

12086 FORT CAROLINE RD  
Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/04)

City & State

JACKSONVILLE FL

City & State

32225

4. FEI Number

20-2196573

Applied For

Not Applicable

Zip

Country

USA

Zip

Country

DUVAL

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHLOTH, GERARD E ESQ  
208 PONTE VEDRA PARK DRIVE, SUITE 101  
PONTE VEDRA BEACH FL 32082

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

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME SCHLOTH, MARIA  
STREET ADDRESS 12086 FORT CAROLINE ROAD, SUITE 105  
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE  
NAME PAUL SCHLOTH DMD  
STREET ADDRESS 12086 FT. CAROLINE RD  
CITY-ST-ZIP SUITE 105 JACKSONVILLE FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

7-28-05 904807-9127