

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000175409

Entity Name: AMELIA DENTAL GROUP, PLLC**Current Principal Place of Business:**1947 CITRONA DR
FERNANDINA BEACH, FL 32034**Current Mailing Address:**1947 CITRONA DR
FERNANDINA BEACH, FL 32034 US**FEI Number:** 47-5341164**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BIETENHOLZ, JOSHUA O DMD
1947 CITRONA DR
FERNANDINA BEACH, FL 32034 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Authorized Person(s) Detail :**

Title	MGR
Name	BIETENHOLZ, JOSHUA O DMD
Address	1947 CITRONA DR
City-State-Zip:	FERNANDINA BEACH FL 32034

Title	MGR
Name	KITSON, LAURIE A DMD
Address	1947 CITRONA DR
City-State-Zip:	FERNANDINA BEACH FL 32034

Title	MGR
Name	GARRETT, STEVEN A DMD
Address	1947 CITRONA DR
City-State-Zip:	FERNANDINA BEACH FL 32034

Title	MGR
Name	MOKRIS, JENNIFER L DMD
Address	1947 CITRONA DR
City-State-Zip:	FERNANDINA BEACH FL 32034

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOSHUA O. BIETENHOLZ, DMD**MANAGER****02/21/2020**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date