

**2024 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:**

MOKRIS, JENNIFER L 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:** JENNIFER MOKRIS

01/22/2024

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 BLAZEJEWSKI, JUSTIN E 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:** JENNIFER MOKRIS

MANAGER

01/22/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date