

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000034334

**FILED**  
**Feb 01, 2022**  
**Secretary of State**  
**4882380264CC**

**Entity Name:** AMELIA GENTLE DENTISTRY, LLC

**Current Principal Place of Business:**

1699 SOUTH 14TH STREET, SUITE 21  
FERNANDINA BEACH, FL 32034

**Current Mailing Address:**

1699 SOUTH 14TH STREET, SUITE 21  
FERNANDINA BEACH, FL 32034 US

**FEI Number:** 81-1547442

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

OLBINA, MARK R  
1699 SOUTH 14TH STREET, SUITE 21  
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:** MARK R OLBINA

02/01/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name OLBINA, MARK R  
Address 1699 SOUTH 14TH STREET, SUITE 21  
City-State-Zip: FERNANDINA BEACH FL 32034

Title PT  
Name OLBINA, MARK R  
Address 1699 SOUTH 14TH STREET, SUITE 21  
City-State-Zip: FERNANDINA BEACH FL 32034

Title VP  
Name MILLER, JACQUELYN O  
Address 1699 SOUTH 14TH STREET, SUITE 21  
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:** MARK OLBINA DDS

**PRESIDENT**

02/01/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date