

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000104104

Entity Name: GUIDEWELL, INC.**Current Principal Place of Business:**4800 DEERWOOD CAMPUS PARKWAY DC1-7
JACKSONVILLE, FL 32246**Current Mailing Address:**4800 DEERWOOD CAMPUS PARKWAY DC1-7
JACKSONVILLE, FL 32246 US**FEI Number:** 27-4582239**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**JOLLY, AREZOU C
4800 DEERWOOD CAMPUS PARKWAY DC1-7
JACKSONVILLE, FL 32246 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

Officer/Director Detail :

Title	TREASURER
Name	JACKSON, GUY
Address	4800 DEERWOOD CAMPUS PARKWAY
City-State-Zip:	JACKSONVILLE FL 32246

Title	DIRECTOR
Name	HARRISON, CAMILLE
Address	4800 DEERWOOD CAMPUS PARKWAY, DC1-8
City-State-Zip:	JACKSONVILLE FL 32246

Title	DIRECTOR
Name	URBANEK, JONATHAN
Address	4800 DEERWOOD CAMPUS PARKWAY, DC1-8
City-State-Zip:	JACKSONVILLE FL 32246

Title	SECRETARY
Name	JOLLY, AREZOU C
Address	4800 DEERWOOD CAMPUS PARKWAY DC1-7
City-State-Zip:	JACKSONVILLE FL 32246

Title	DIRECTOR
Name	DIVITA III, CHARLES
Address	4800 DEERWOOD CAMPUS PARKWAY, DC1-8
City-State-Zip:	JACKSONVILLE FL 32246

Title	COO
Name	CRAWFORD, LISA
Address	4800 DEERWOOD CAMPUS PARKWAY DC1-7
City-State-Zip:	JACKSONVILLE FL 32246

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 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 above, or on an attachment with all other like empowered.

SIGNATURE: AREZOU C. JOLLY**SECRETARY****04/12/2018**

Electronic Signature of Signing Officer/Director Detail

Date