

2017 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 CHAIRMAN, CEO, PRESIDENT,
DIRECTOR
Name THOMAS, CRAIG
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 TREASURER
Name STRYKER, MARK
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

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****02/27/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date