

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000018327

**Entity Name:** GUIDEWELL HEALTH, INC.**Current Principal Place of Business:**4800 DEERWOOD CAMPUS PARKWAY  
JACKSONVILLE, FL 32246**Current Mailing Address:**4800 DEERWOOD CAMPUS PARKWAY  
JACKSONVILLE, FL 32246**FEI Number: 46-4964431****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**MACCARTHY, DEIRDRE  
4800 DEERWOOD CAMPUS PARKWAY  
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	CEO, CHAIRMAN
Name	PATEL, PRAKASH DR.
Address	4800 DEERWOOD CAMPUS PARKWAY
City-State-Zip:	JACKSONVILLE FL 32246

Title	COO, TREASURER, DIRECTOR
Name	WALL, ROBERT
Address	4800 DEERWOOD CAMPUS PARKWAY
City-State-Zip:	JACKSONVILLE FL 32246

Title	SECRETARY
Name	HALL, ALLEN
Address	4800 DEERWOOD CAMPUS PARKWAY
City-State-Zip:	JACKSONVILLE FL 32246

Title	DIRECTOR
Name	MARINO, VITO ANTHONY
Address	4800 DEERWOOD CAMPUS PARKWAY
City-State-Zip:	JACKSONVILLE FL 32246

Title	DIRECTOR
Name	READ, KIM
Address	4800 DEERWOOD CAMPUS PARKWAY
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: ALLEN HALL****SECRETARY****04/22/2016**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date