

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15000041504

Entity Name: GUIDEWELL ALLEGIANCE, INC.**Current Principal Place of Business:**532 RIVERSIDE AVE
JACKSONVILLE, FL 32202**Current Mailing Address:**532 RIVERSIDE AVE
JACKSONVILLE, FL 32202**FEI Number:** 47-4399887**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ANDERSON, THOMAS C
532 RIVERSIDE AVE
JACKSONVILLE, FL 32202 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
Name	DIKTER, HARVEY B
Address	532 RIVERSIDE AVE
City-State-Zip:	JACKSONVILLE FL 32202

Title	TREASURER
Name	CLIFTON , JOSHUA
Address	532 RIVERSIDE AVE
City-State-Zip:	JACKSONVILLE FL 32202

Title	PRESIDENT, CEO
Name	ANDERSON, THOMAS C
Address	532 RIVERSIDE AVE
City-State-Zip:	JACKSONVILLE FL 32202

Title	SECRETARY
Name	OWEN, HEATHER
Address	532 RIVERSIDE AVE
City-State-Zip:	JACKSONVILLE FL 32202

Title	DIRECTOR
Name	DIKTER, HARVEY
Address	532 RIVERSIDE AVE
City-State-Zip:	JACKSONVILLE FL 32202

Title	DIRECTOR
Name	CLIFTON, JOSHUA
Address	532 RIVERSIDE AVENUE
City-State-Zip:	JACKSONVILLE FL 32202

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: THOMAS ANDERSON**PRESIDENT, CEO****04/26/2024**_____
Electronic Signature of Signing Officer/Director Detail_____
Date