

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18000072672

Entity Name: GUIDEWELL HEALTH PLANS, INC.**Current Principal Place of Business:**4800 DEERWOOD CAMPUS PKWY
JACKSONVILLE, FL 32246**Current Mailing Address:**4800 DEERWOOD CAMPUS PKWY
JACKSONVILLE, FL 32246 US**FEI Number: 83-1890547****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**MACCARTHY, DEIRDRE
4800 DEERWOOD CAMPUS PKWY
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
Name DIVITA, CHARLES III
Address 4800 DEERWOOD CAMPUS PKWY
City-State-Zip: JACKSONVILLE FL 32246

Title DIRECTOR
Name URBANEK, JON
Address 4800 DEERWOOD CAMPUS PKWY
City-State-Zip: JACKSONVILLE FL 32246

Title TREASURER, ASST. TREASURER
Name BAILEY, CARL
Address 4800 DEERWOOD CAMPUS PKWY
City-State-Zip: JACKSONVILLE FL 32246

Title DIRECTOR
Name ISELIN, SARAH
Address 4800 DEERWOOD CAMPUS PKWY
City-State-Zip: JACKSONVILLE FL 32246

Title COO
Name MARINO, ANDY
Address 4800 DEERWOOD CAMPUS PKWY
City-State-Zip: JACKSONVILLE FL 32246

Title SECRETARY
Name PHELPS, SETH
Address 4800 DEERWOOD CAMPUS PKWY
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: SETH PHELPS**SECRETARY****04/26/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date