## 2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000132644

Entity Name: GUIDEWELL-SANITAS I, LLC

**Current Principal Place of Business:** 

8400 N.W. 33RD STREET, SUITE 201

DORAL. FL 33122

**Current Mailing Address:** 

8400 N.W. 33RD STREET, SUITE 201 DORAL, FL 33122 US

FEI Number: 47-1782812 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CLEGG JOLLY, AREZOU "ARI" 4800 DEERWOOD CAMPUS PKWY. DCI-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:

City-State-Zip:

Electronic Signature of Registered Agent

Date

**FILED** May 20, 2020

Secretary of State

5619147786CC

Authorized Person(s) Detail :

DORAL FL 33122

Title CEO Title DIRECTOR

JOLLY, AREZOU Name ESTRADA, M.D., JUAN D. DR. Name

8400 NW 33RD STREET Address 8400 NW 33RD STREET Address # 201

# 201

DORAL FL 33122

City-State-Zip: DORAL FL 33122 City-State-Zip: DORAL FL 33122

Title **DIRECTOR** Title **DIRECTOR** 

Name DIVITA, CHARLES III Name CHALUJA, JUAN

8400 NW 33RD STREET 8400 NW 33RD STREET Address Address

# 201 # 201

Title **DIRECTOR** Title **AMBR** 

Name SCHRADER, ELANA DR. Name MARTINES MARTIN, SERGIO Address Address 154 RIVERWOOD DRIVE 8400 NW 33RD ST - STE. 201

City-State-Zip: DORAL FL 33122 FLEMING ISLAND FL 32003 City-State-Zip:

**AMBR** Title **AMBR** Title

Name MARCIAS-VARGAS, FABIO Name HERRERA MOLINA, EMILIO 8400 NW 33RD ST - STE. 201 Address 8400 NW 33RD ST #201 Address DORAL FL 33122 City-State-Zip:

City-State-Zip: DORAL FL 33122

## Continues on page 2

City-State-Zip:

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ESTRADA, M.D., JUAN D., DR.

CEO

05/20/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date

## **Authorized Person(s) Detail Continued:**

Title CFO

Name ARABEITY, IGNACIO
Address 8400 NW 33RD ST #201

City-State-Zip: DORAL FL 33122