

**2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L14000132644

**FILED**  
**Apr 26, 2023**  
**Secretary of State**  
**0291658621CC**

**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:**

RIVERA-MONTOYA , ADRIANA  
8400 N.W. 33RD STREET, SUITE 201  
DORAL, FL 33122 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:** ADRIANA RIVERA-MONTOYA

04/26/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	CEO	Title	DIRECTOR
Name	ESTRADA, JUAN	Name	JOLLY, AREZOU
Address	8400 NW 33RD STREET # 201	Address	8400 NW 33RD STREET # 201
City-State-Zip:	DORAL FL 33122	City-State-Zip:	DORAL FL 33122
Title	AUTHORIZED MEMBER	Title	AUTHORIZED MEMBER
Name	DIVITA, CHARLES III	Name	CHALUJA, JUAN
Address	8400 NW 33RD STREET # 201	Address	8400 NW 33RD STREET # 201
City-State-Zip:	DORAL FL 33122	City-State-Zip:	DORAL FL 33122
Title	AUTHORIZED MEMBER	Title	AUTHORIZED MEMBER
Name	SCHRADER, ELANA DR.	Name	MARTINES MARTIN, SERGIO
Address	8400 N.W. 33RD STREET, SUITE 201	Address	8400 NW 33RD STREET #201
City-State-Zip:	DORAL FL 33122	City-State-Zip:	DORAL FL 33122
Title	AUTHORIZED MEMBER	Title	AUTHORIZED MEMBER
Name	HERRERA MOLINA, EMILIO	Name	MACIAS-VARGAS, FABIO
Address	8400 NW 33RD STREET	Address	8400 NW 33RD ST #201
City-State-Zip:	DORAL FL 33122	City-State-Zip:	DORAL FL 33122

**Continues on page 2**

*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:** JUAN ESTRADA

CEO

04/26/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date

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

Title CFO  
Name TORRESS , MAYRA  
Address 8400 NW 33RD ST #201  
City-State-Zip: DORAL FL 33122