2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED 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:

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 02/02/2023

Electronic Signature of Registered Agent

Date

FILED Feb 02, 2023

Secretary of State

4219759918CC

Authorized Person(s) Detail :

Title CEO Title DIRECTOR

Name ESTRADA, JUAN Name JOLLY, AREZOU

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

City Glate Zip. Botton File 66122

Title AUTHORIZED MEMBER

Name HERRERA MOLINA, EMILIO

Name MACIAS-VARGAS, FABIO

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

City-State-Zip: DORAL FL 33122 #201

City-State-Zip: DORAL FL 33122

201

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: IGNACIO ARABEITY CFO 02/02/2023

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