### 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000132644

Entity Name: GUIDEWELL-SANITAS I, LLC

### **Current Principal Place of Business:**

4800 DEERWOOD CAMPUS PKWY. DCI-7 JACKSONVILLE, FL 32246

# **Current Mailing Address:**

4800 DEERWOOD CAMPUS PKWY. DCI-7 JACKSONVILLE, FL 32246

# FEI Number: 47-1782812

### Name and Address of Current Registered Agent:

CLEGG JOLLY, AREZOU "ARI" 4800 DEERWOOD CAMPUS PKWY. DCI-7 JACKSONVILLE, FL 32246 US

Date

Certificate of Status Desired: No

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

# Authorized Person(s) Detail :

CEO	Title	CFO, TREASURER
CHAPARRO, FERNANDO	Name	DARSA, ALBERTO
4800 DEERWOOD CAMPUS PKWY.	Address	4800 DEERWOOD CAMPUS PKWY
JACKSONVILLE FL 32246	City-State-Zip:	JACKSONVILLE FL 32246
SECRETARY	Title	DIRECTOR
JOLLY, AREZOU	Name	VARGAS, FABIO
4800 DEERWOOD CAMPUS PKWY.	Address	4800 DEERWOOD CAMPUS PKWY.
JACKSONVILLE FL 32246	City-State-Zip:	JACKSONVILLE FL 32246
	Title	DIRECTOR
	Name	KISS, BRIAN
	Address	4800 DEERWOOD CAMPUS PKWY.
4800 DEERWOOD CAMPUS PKWY.	City-State-Zip:	JACKSONVILLE FL 32246
JACKSONVILLE FL 32246		
	Title	CHAIRMAN
	Name	DIVITA, CHARLES III
4800 DEERWOOD CAMPUS PKWY.	Address	4800 DEERWOOD CAMPUS PKWY. DCI-8
DC3-6	City-State-Zip:	JACKSONVILLE FL 32246
JACKSONVILLE FL 32246		
	CHAPARRO, FERNANDO 4800 DEERWOOD CAMPUS PKWY. JACKSONVILLE FL 32246 SECRETARY JOLLY, AREZOU 4800 DEERWOOD CAMPUS PKWY. DCI-7 JACKSONVILLE FL 32246 DIRECTOR RANEDO, ENRIQUE 4800 DEERWOOD CAMPUS PKWY. JACKSONVILLE FL 32246 DIRECTOR GREGOR, JOSEPH 4800 DEERWOOD CAMPUS PKWY. DC3-6	CHAPARRO, FERNANDO Name 4800 DEERWOOD CAMPUS PKWY. Address JACKSONVILLE FL 32246 City-State-Zip: SECRETARY Title JOLLY, AREZOU Name 4800 DEERWOOD CAMPUS PKWY. Address DCI-7 City-State-Zip: JACKSONVILLE FL 32246 Title DIRECTOR ANNEDO, ENRIQUE Address 4800 DEERWOOD CAMPUS PKWY. City-State-Zip: JACKSONVILLE FL 32246 Title DIRECTOR Title DIRECTOR Title Address 4800 DEERWOOD CAMPUS PKWY. City-State-Zip: JACKSONVILLE FL 32246 City-State-Zip: JACKSONVE CITY

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: AREZOU C. JOLLY

SECRETARY

04/01/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date