

2018 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L14000132644

Entity Name: GUIDEWELL-SANITAS I, LLC**Current Principal Place of Business:**8400 NW 33RD STREET
SUITE 201
MIAMI, FL 33122**Current Mailing Address:**8400 NW 33RD STREET
SUITE 201
MIAMI, 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:**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title CEO
Name ESTRADA, M.D., JUAN D. DR.
Address 8400 NW 33RD STREET
SUITE 201
City-State-Zip: MIAMI FL 33122

Title CFO, TREASURER
Name DARSA, ALBERTO M
Address 8400 NW 33RD STREET
SUITE 201
City-State-Zip: MIAMI FL 33122

Title SECRETARY
Name JOLLY, AREZOU
Address 8400 NW 33RD STREET
SUITE 201
City-State-Zip: MIAMI FL 33122

Title DIRECTOR
Name VARGAS MACIAS, FABIO
Address 8400 NW 33RD STREET
SUITE 201
City-State-Zip: MIAMI FL 33122

Title DIRECTOR
Name RIVEROS, GABRIEL
Address 8400 NW 33RD STREET
SUITE 201
City-State-Zip: MIAMI FL 33122

Title DIRECTOR
Name DIVITA, CHARLES III
Address 8400 NW 33RD STREET
SUITE 201
City-State-Zip: MIAMI FL 33122

Title DIRECTOR
Name CHALUJA, JUAN
Address 8400 NW 33RD STREET
SUITE 201
City-State-Zip: MIAMI FL 33122

Title DIRECTOR
Name SCHRADER, ELANA DR.
Address 154 RIVERWOOD DRIVE
City-State-Zip: FLEMING ISLAND FL 32003

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: ALBERTO DARSA

CFO

11/19/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title	CHAIRMAN
Name	FONSECA, FERNANDO
Address	8400 NW 33 STREET 201
City-State-Zip:	DORAL FL 33122