

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000084795

Entity Name: GUIDEWELL GROUP, INC.

Current Principal Place of Business:

4800 DEERWOOD CAMPUS PARKWAY
JACKSONVILLE, FL 32246

Current Mailing Address:

4800 DEERWOOD CAMPUS PARKWAY
JACKSONVILLE, FL 32246

FEI Number: 46-3967270

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MACCARTHY, DEIRDRE
4800 DEERWOOD CAMPUS PARKWAY
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: DEIRDRE MACCARTHY

04/08/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CEO, PRESIDENT
Name GERAGHTY, PATRICK J
Address 4800 DEERWOOD CAMPUS PARKWAY
DC 1-8
City-State-Zip: JACKSONVILLE FL 32246

Title CFO
Name JUSTICE, THURMAN
Address 4800 DEERWOOD CAMPUS PARKWAY
DC 1-8
City-State-Zip: JACKSONVILLE FL 32246

Title SECRETARY
Name JOSEPH, CHARLES S
Address 4800 DEERWOOD CAMPUS PARKWAY
DC 1-8
City-State-Zip: JACKSONVILLE FL 32246

Title TREASURER
Name COATS, WILLIAM A
Address 4800 DEERWOOD CAMPUS PARKWAY
DC 1-5
City-State-Zip: JACKSONVILLE FL 32246

Title DIRECTOR
Name HALVERSON, STEVEN T
Address 825 MAPLETON TERRACE
City-State-Zip: JACKSONVILLE FL 32207

Title DIRECTOR
Name JENKINS, LEERIE T JR.
Address 3189 U.S. 17, SOUTH
City-State-Zip: JACKSONVILLE FL 32003

Title CHAIRMAN
Name RAMIL, JOHN B
Address 6416 MACLAURIN DRIVE
City-State-Zip: TAMPA FL 33647

Title DIRECTOR
Name SCRUGGS, FRANK P JR.
Address 923 HYACINTH DRIVE
City-State-Zip: DELRAY BEACH FL 33483

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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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHARLES S. JOSEPH

SECRETARY

04/08/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name LEINBACH, TRACY
Address 36 LAKE JULIA DRIVE SOUTH
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title DIRECTOR
Name MILLS, HAROLD
Address 11900 LAKE BUTLER BLVD.
City-State-Zip: WINDERMERE FL 34768

Title DIRECTOR
Name BURWELL, SYLVIA
Address 4400 MASSACHUSETTS AVENUE NW
City-State-Zip: WASHINGTON DC 20016-8060

Title DIRECTOR
Name COST, TIM
Address 2800 UNIVERSITY BLVD NORTH
City-State-Zip: JACKSONVILLE FL 32211

Title DIRECTOR
Name KUNTZ, THOMAS
Address 1568 HOLTS GROVE CIRCLE
City-State-Zip: WINTER PARK FL 32789

Title DIRECTOR
Name SASTRE, MARIA A
Address 2420 INDIAN MOUND TRAIL
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR
Name BLUM, KRISTEN
Address 4938 MONTEREY DRIVE
City-State-Zip: FRISCO TX 75034