

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000018327

**Entity Name:** GUIDEWELL HEALTH, 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: 46-4964431**

**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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CEO, CHAIRMAN  
Name PATEL, PRAKASH DR.  
Address 4800 DEERWOOD CAMPUS PARKWAY  
City-State-Zip: JACKSONVILLE FL 32246

Title COO, TREASURER, DIRECTOR  
Name WALL, ROBERT  
Address 4800 DEERWOOD CAMPUS PARKWAY  
City-State-Zip: JACKSONVILLE FL 32246

Title SECRETARY  
Name HALL, ALLEN  
Address 4800 DEERWOOD CAMPUS PARKWAY  
City-State-Zip: JACKSONVILLE FL 32246

Title DIRECTOR  
Name MARINO, VITO ANTHONY  
Address 4800 DEERWOOD CAMPUS PARKWAY  
City-State-Zip: JACKSONVILLE FL 32246

Title DIRECTOR  
Name READ, KIM  
Address 4800 DEERWOOD CAMPUS PARKWAY  
City-State-Zip: JACKSONVILLE FL 32246

*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: ALLEN HALL**

**SECRETARY**

**04/11/2018**

Electronic Signature of Signing Officer/Director Detail

Date