


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90033 040 ****61.25

| | |
|---|---|
| DOCUMENT # F00000007244 |  |
| 1. Entity Name WESTCARE FOUNDATION, INC. | |

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|---|---|
| Principal Place of Business 300 EAST CHARLESTON BLVD STE 201 LAS VEGAS, NV 89104 | Mailing Address 300 EAST CHARLESTON BLVD STE 201 LAS VEGAS, NV 89104 |
|---|---|

94030000

| | |
|--------------------------------|--------------------------------------|
| 2. Principal Place of Business | 3. Mailing Address P.O. Box 46410 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State Las Vegas, NV |
| Zip | Country |
| Country | Zip 89114 |



03192004 Chg-NP CR2E037 (10/03)

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|---|--|--|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| WOLFE, RICHARD E 341 3RD STREET SOUTH ST PETERSBURG, FL 33701 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | City | |
| | | FL Zip Code | |

8. 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. I am familiar with, and accept the obligations of registered agent.

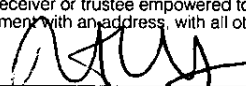
SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | |
|---|--|--|
| Filing Fee is \$61.25 Due by May 1, 2004 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make check payable to Florida Department of State |
|---|--|--|

| | | | |
|--|--|---|---|
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PCD STEINBERG, RICHARD 300 EAST CHARLESTON BLVD., STE 201 LAS VEGAS, NV 89104 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD CASSINGER, MARY 300 EAST CHARLESTON BLVD., STE 201 LAS VEGAS, NV 89104 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S KING, TEX 300 EAST CHARLESTON BLVD., STE 201 LAS VEGAS, NV 89104 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S/T KING, TEX P.O. BOX 46410 LAS VEGAS, NV 89114 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T KING, TEX 300 EAST CHARLESTON BLVD., STE 201 LAS VEGAS, NV 89104 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D-ASSISTANT SECRETARY VENTRELLA, PETER P.O. BOX 46410 LAS VEGAS, NV 89114 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D THOMAS, DICK 300 EAST CHARLESTON BLVD., STE 201 LAS VEGAS, NV 89104 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SULLIVAN, WILLIAM 300 EAST CHARLESTON BLVD., STE 201 LAS VEGAS, NV 89104 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/16/07 (702)385-2090

Date Daytime Phone #