

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001218

FILED
Jan 16, 2006
Secretary of State

Entity Name: WESTCARE GULFCOAST - FLORIDA, INC.

Current Principal Place of Business:

900 GRIER DR.
LAS VEGAS, NV 89119

New Principal Place of Business:

2525 FIRST AVENUE SOUTH
ST. PETERSBURG, FL 33712

Current Mailing Address:

900 GRIER DR.
LAS VEGAS, NV 89119

New Mailing Address:

PO BOX 94738
LAS VEGAS, NV 89193

FEI Number: 59-3714627

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD.
STE. 101
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: STEINBERG, RICHARD
Address: 900 GRIER DRIVE
City-St-Zip: LAS VEGAS, NV 89119

Title: DAS () Delete
Name: VENTRELLA, PETER
Address: 900 GRIER DRIVE
City-St-Zip: LAS VEGAS, NV 89119

Title: ST () Delete
Name: CAREY, MAJOR TOM
Address: 1300 1ST AVE N
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: V () Delete
Name: THOMAS, JENNY
Address: 1124 TAMARAC DRIVE
City-St-Zip: HOLIDAY, FL 34690

Title: P () Delete
Name: WALSH, THOMAS
Address: 180-28TH AVE. N.
City-St-Zip: SAINT PETERSBURG, FL 33704

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER VENTRELLA

EVP

01/16/2006

Electronic Signature of Signing Officer or Director

Date