
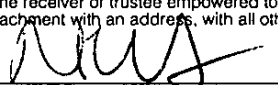


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90092 034 ****70.00

DOCUMENT # N01000001218 1. Entity Name WESTCARE GULFCOAST - FLORIDA, INC.					
Principal Place of Business 2525 FIRST AVENUE SOUTH ST. PETERSBURG, FL 33712			Mailing Address PO BOX 94738 LAS VEGAS, NV 89193		
2. Principal Place of Business - No P.O. Box # 9700 DR MARTIN LUTHER KING JR ST NORTH		3. Mailing Address Suite, Apt. #, etc. ST PETERSBURG FL			
City & State 33702		City & State 33702			
Zip 33702		Country FL		4. FEI Number 59-3714627	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable			
6. Name and Address of Current Registered Agent BUSINESS FILINGS INCORPORATED 1203 GOVERNORS SQUARE BLVD. STE. 101 TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		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	PD STEINBERG, RICHARD 900 GRIER DRIVE LAS VEGAS, NV 89119 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC FORBES, JEFF 611 66TH AVENUE SOUTH ST PETERSBURG FL 33705 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAS VENTRELLA, PETER 900 GRIER DRIVE LAS VEGAS, NV 89119 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MILLER, MARY 5411 7TH AVENUE NORTH ST PETERSBURG FL 33710 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CAREY, MAJOR TOM 1300 1ST AVE N SAINT PETERSBURG, FL 33705 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAREY, MAJOR TOM 3669 MELISSA TERRACE NORTH PORT FL 34286 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V THOMAS, JENNY 1124 TAMARAC DRIVE HOLIDAY, FL 34690 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, JENNY 11901 4TH STREET NORTH #402 ST PETERSBURG FL 33716 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WALSH, THOMAS 180-28TH AVE. N. SAINT PETERSBURG, FL 33704 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	C WALSH, THOMAS 180 28TH AVENUE NORTH ST PETERSBURG FL 33704 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, RAYMOND 2560 62ND AVENUE NORTH, A-408 ST PETERSBURG FL 33702 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  Peter Ventrella CFO 2/6/07 (702)385-2090					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

ATTACHMENT
40014541

Document # **N01000001218**
WestCare GulfCoast Florida, Inc.

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN # 10 (CONTINUED)

D (ADDITION)
AQUIL, ASKIA MUHAMMAD
4730 6TH AVENUE SOUTH
ST. PETERSBURG, FL 33711

D (ADDITION)
ROWELL, VIRGINIA
626 14TH AVENUE NE
ST. PETERSBURG, FL 33701

D (ADDITION)
SLEDD, TOM, CAP, NCAC II
2408 CATTLEMAN DRIVE
BRANDON FL 33511