

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 26, 2008 8:00 am**  
**Secretary of State**

02-26-2008 90004 046 \*\*\*\*70.00

**DOCUMENT # N01000001218**

1. Entity Name  
**WESTCARE GULFCOAST - FLORIDA, INC.**



Principal Place of Business  
**9700 DR. MARTIN LUTHER KING JR ST. N  
SAINT PETERSBURG, FL 33702**

Mailing Address  
**PO BOX 94738  
LAS VEGAS, NV 89193**

40032100



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02182008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-3714627**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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 PD  
NAME STEINBERG, RICHARD  
STREET ADDRESS 900 GRIER DRIVE  
CITY-ST-ZIP LAS VEGAS, NV 89119 ☐ Delete

TITLE D  
NAME ROWELL, VIRGINIA  
STREET ADDRESS 626 14TH AVENUE NE  
CITY-ST-ZIP ST PETERSBURG FL 33701 ☐ Change ☒ Addition

TITLE DAS  
NAME VENTRELLA, PETER  
STREET ADDRESS 900 GRIER DRIVE  
CITY-ST-ZIP LAS VEGAS, NV 89119 ☐ Delete

TITLE ST  
NAME MILLER, MARY  
STREET ADDRESS 5411 7TH AVENUE NORTH  
CITY-ST-ZIP ST PETERSBURG FL 33710 ☐ Change ☒ Addition

TITLE D  
NAME CAREY, MAJOR TOM  
STREET ADDRESS 3669 MELISSA TERR.  
CITY-ST-ZIP NORTH PORT, FL 34286 ☐ Delete

TITLE D  
NAME WILLIAMS, FRED  
STREET ADDRESS 1905 TYRONE BLVD  
CITY-ST-ZIP ST PETERSBURG FL 33701 ☐ Change ☒ Addition

TITLE D  
NAME THOMAS, JENNY  
STREET ADDRESS 11901 4TH ST. NORTH #402  
CITY-ST-ZIP SAINT PETERSBURG, FL 33716 ☐ Delete

TITLE D  
NAME THOMAS, JENNY  
STREET ADDRESS 406 W. AZEELE STREET, APT 503  
CITY-ST-ZIP TAMPA, FL 33606-2262 ☒ Change ☐ Addition

TITLE C  
NAME WALSH, THOMAS  
STREET ADDRESS 180-28TH AVE. N.  
CITY-ST-ZIP SAINT PETERSBURG, FL 33704 ☐ Delete

TITLE D  
NAME SLEDD, TOM  
STREET ADDRESS 2408 CATTLEMAN DRIVE  
CITY-ST-ZIP BRANDON, FL 33511 ☐ Change ☒ Addition

TITLE VC  
NAME FORBES, JEFF  
STREET ADDRESS 511 66TH AVE. S.  
CITY-ST-ZIP SAINT PETERSBURG, FL 33705 ☐ Delete

TITLE D  
NAME HARRIS, RAYMOND  
STREET ADDRESS 2560 62ND AVENUE NORTH, A-408  
CITY-ST-ZIP ST PETERSBURG FL 33702 ☐ Change ☒ 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peter Ventrella

2/19/08

(702)385-2090

Date

Daytime Phone #