

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726520

FILED  
Mar 07, 2011  
Secretary of State

**Entity Name:** GUIDANCE/CARE CENTER, INC.

**Current Principal Place of Business:**

3000 41ST STREET OCEAN  
MARATHON, FL 33050

**New Principal Place of Business:**

**Current Mailing Address:**

900 GRIER DRIVE  
LAS VEGAS, NV 89119

**New Mailing Address:**

PO BOX 94738  
LAS VEGAS, NV 891934738

**FEI Number:** 59-1458324

**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.  
SUITE 101  
TALLAHASSEE, FL 323012960 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:** CD  
**Name:** MAPES, LYNN  
**Address:** PO BOX 510039  
**City-St-Zip:** KEY COLONY BEACH, FL 33051

**Title:** D  
**Name:** WALKER, DR. EUGENE  
**Address:** 5191 ROCK SPRING ROAD  
**City-St-Zip:** LITHONIA, GA 30038

**Title:** VCD  
**Name:** RICE, DAVID PHD  
**Address:** 127 MOCKINGBIRD LANE  
**City-St-Zip:** MARATHON, FL 33050

**Title:** PCEO  
**Name:** STEINBERG, RICHARD  
**Address:** 900 GRIER DR  
**City-St-Zip:** LAS VEGAS, NV 89119

**Title:** D  
**Name:** WALSH, THOMAS  
**Address:** 180 28TH AVE. N.  
**City-St-Zip:** SAINT PETERSBURG, FL 33704

**Title:** ST  
**Name:** VENTRELLA, PETER  
**Address:** 900 GRIER DRIVE  
**City-St-Zip:** LAS VEGAS, NV 89119

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** PETER VENTRELLA

ST

03/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date

Mar. 8. 2011 11:52AM

No. 1494 P. 2

726520

3-7-11

**Document # 726520**  
**Guldance/Care Center, Inc.**  
**Filed 3/7/11**

**Additional Officers and Directors**

D  
YOUNGQUIST, DAVID  
21 SOUTH LONG LAKE TRAIL  
NORTH OAKS, MN 55127

D  
WILLIAM BAIRD, III  
PO BOX 351  
PIKEVILLE, KY 41502