**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Apr 16, 2019**
**Secretary of State**
**1585415463CC**

DOCUMENT# 726520

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

**Current Principal Place of Business:**

3000 41ST STREET OCEAN
MARATHON, FL 33050

**Current Mailing Address:**

1711 WHITNEY MESA DRIVE
HENDERSON, NV 89014 US

**FEI Number: 59-1458324**

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

BUSINESS FILINGS INCORPORATED
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

*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

**Officer/Director Detail :**

| | |
|---|---|
| Title | PRESIDENT, DIRECTOR, CEO |
| Name | STEINBERG, RICHARD E |
| Address | 1711 WHITNEY MESA DRIVE |
| City-State-Zip: | HENDERSON NV 89014 |

| | |
|---|---|
| Title | SECRETARY |
| Name | HANNA, JIM |
| Address | 1711 WHITNEY MESA DRIVE |
| City-State-Zip: | HENDERSON NV 89014 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | WALSH, THOMAS II |
| Address | 180 28TH AVENUE NORTH |
| City-State-Zip: | ST. PETERSBURG FL 33704 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | PORTER, BILL |
| Address | 1212 E. ANDY DEVINE AVE. #101 |
| City-State-Zip: | KINGMAN AZ 86401 |

| | |
|---|---|
| Title | TREASURER |
| Name | ORTBALS, KEN |
| Address | 1711 WHITNEY MESA DRIVE |
| City-State-Zip: | HENDERSON NV 89014 |

| | |
|---|---|
| Title | CHAIRMAN |
| Name | RAMSAY, RICHARD |
| Address | C/O MONROE COUNTY SHERIFF'S OFFICE<br>5525 COLLEGE ROAD |
| City-State-Zip: | KEY WEST FL 33040 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | WADHAMS, JIM |
| Address | BANK OF AMERICA BLDG. 300 SOUTH FOURTH ST.<br>STE. 1400 |
| City-State-Zip: | LAS VEGAS NV 89101 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | BOAZMAN, DERRICK |
| Address | 1860 BOND DRIVE |
| City-State-Zip: | ATLANTA GA 30315 |

**Continues on page 2**

*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: KEN ORTBALS CFO 04/16/2019

Electronic Signature of Signing Officer/Director Detail — Date

**Officer/Director Detail Continued :**

| | |
|---|---|
| Title | DIRECTOR |
| Name | ABADIN, RAMON |
| Address | 2333 PONCE DE LEON BLVD. BAC COLONNADE, SUITE 314 |
| City-State-Zip: | CORAL GABLES FL 33134 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | OKADA, MARY |
| Address | PO BOX 3566 |
| City-State-Zip: | HAGATNA OC 96932 |