

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 726520

**FILED**  
**Mar 19, 2013**  
**Secretary of State**  
**CC3586950738**

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

**Current Principal Place of Business:**

3000 41ST STREET OCEAN  
MARATHON, FL 33050

**Current Mailing Address:**

PO BOX 94738  
LAS VEGAS, NV 89193-4738

**FEI Number:** 59-1458324

**Certificate of Status Desired:** Yes

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

BUSINESS FILINGS INCORPORATED  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 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 CHAIRMAN, DIRECTOR  
Name MAPES, LYNN  
Address PO BOX 510039  
City-State-Zip: KEY COLONY BEACH FL 33051

Title DIRECTOR  
Name WALKER, EUGENE DR.  
Address 5191 ROCK SPRING ROAD  
City-State-Zip: LITHONIA GA 30038

Title DIRECTOR  
Name BAIRD, BILL III  
Address PO BOX 351  
City-State-Zip: PIKEVILLE KY 41502

Title PRESIDENT, DIRECTOR, CEO  
Name STEINBERG, RICHARD E  
Address PO BOX 94738  
City-State-Zip: LAS VEGAS NV 89193-4738

Title DIRECTOR  
Name YOUNGQUIST, DAVID  
Address 21 SOUTH LONG LAKE TRAIL  
City-State-Zip: NORTH OAKS MN 55127

Title TREASURER  
Name SULLINS, PETER  
Address PO BOX 94738  
City-State-Zip: LAS VEGAS NV 89193-4738

Title SECRETARY  
Name HANNA, JIM  
Address PO BOX 94738  
City-State-Zip: LAS VEGAS NV 89193-4738

Title VC  
Name RAMSEY, RICHARD  
Address C/O MONROE COUNTY SHERIFF'S  
OFFICE  
5525 COLLEGE ROAD  
City-State-Zip: KEY WEST FL 33040

**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: JIM HANNA**

**SECRETARY**

**03/19/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           COGGS, SENATOR SPENCER  
Address        CITY HALL, ROOM 103  
                  200 EAST WELLS STREET  
City-State-Zip: MILWAUKEE WI 53202

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