

**2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 726520

**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 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  
Name            STEINBERG, RICHARD E  
Address        1711 WHITNEY MESA DRIVE  
City-State-Zip: HENDERSON NV 89014

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

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

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

Title            DIRECTOR  
Name            WADHAMS, JIM  
Address        BLACK & LOBELOO  
                  10777 WEST TWAIN AVE SUITE 300  
City-State-Zip: LAS VEGAS NV 89135

Title            DIRECTOR  
Name            EKSTROM, WILLIAM  
Address        1516 S. PALOMA BLANCA PL.  
                  #101  
City-State-Zip: KINGMAN AZ 86401

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

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

**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**

**CORP. SECRETARY**

**03/09/2023**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VC, DIRECTOR  
Name HUGHES, MARKUS  
Address 3251 70TH WAY NORTH  
City-State-Zip: ST. PETERSBURG FL 33710

Title TREASURER  
Name ERATH, LINDA  
Address 1711 WHITNEY MESA DR  
City-State-Zip: HENDERSON NV 89014

Title DIRECTOR  
Name MICHAUX, DORIS  
Address 3440 STEMBLER RIDGE  
City-State-Zip: DOUGLASVILLE GA 30135