

**2021 FLORIDA NOT FOR PROFIT CORPORATION 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, CEO  
Name STEINBERG, RICHARD E  
Address 1711 WHITNEY MESA DRIVE  
City-State-Zip: HENDERSON NV 89014

Title TREASURER  
Name ORTBALS, KEN  
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 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, BILL  
Address 1516 S. PALOMA BLANCA PL.  
#101  
City-State-Zip: KINGMAN AZ 86401

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: JIM HANNA****SECRETARY****03/02/2021**

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

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