2020 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:

HENDERSON NV 89014

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:

City-State-Zip:

Electronic Signature of Registered Agent

Date

FILED Jan 31, 2020

Secretary of State

4254391259CC

Officer/Director Detail :

Title PRESIDENT, DIRECTOR, CEO Title **TREASURER** STEINBERG, RICHARD E Name Name ORTBALS, KEN

1711 WHITNEY MESA DRIVE 1711 WHITNEY MESA DRIVE Address Address City-State-Zip: HENDERSON NV 89014 HENDERSON NV 89014 City-State-Zip:

Title CHAIRMAN, DIRECTOR Title **SECRETARY** Name RAMSAY, RICHARD Name HANNA, JIM

Address C/O MONROE COUNTY SHERIFF'S Address 1711 WHITNEY MESA DRIVE

OFFICE

5525 COLLEGE ROAD

City-State-Zip: KEY WEST FL 33040 Title **DIRECTOR**

WALSH, THOMAS II Title DIRECTOR Name

Name WADHAMS, JIM Address 180 28TH AVENUE NORTH **BLACK & LOBELOO** Address

ST. PETERSBURG FL 33704 City-State-Zip: 10777 WEST TWAIN AVE SUITE300

LAS VEGAS NV 89135 City-State-Zip: Title DIRECTOR

EKSTROM, BILL Name

Title **DIRECTOR** Address 1516 S. PALOMA BLANCA PL.

Name BOAZMAN, DERRICK #101

1860 BOND DRIVE Address City-State-Zip: KINGMAN AZ 86401

> City-State-Zip: ATLANTA GA 30315

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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.

01/31/2020 SIGNATURE: KEN ORTBALS **CFO**

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

Title DIRECTOR

Name OKADA, MARY

Address PO BOX 3566

SUITE 314

City-State-Zip: CORAL GABLES FL 33134 City-State-Zip: HAGATNA OC 96932

Title VC, DIRECTOR
Name HUGHES, MARKUS
Address 3251 70TH WAY NORTH

City-State-Zip: ST. PETERSBURG FL 33710