

**2015 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:**

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

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

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

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

**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:** TINA STILES

**TREASURER**

**02/03/2015**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title DIRECTOR  
Name SZEGEDY-MASZAK, PETER  
Address 5050 MAC ARTHUR BLVD., NW  
City-State-Zip: WASHINGTON DC 20016

Title DIRECTOR  
Name JOHNSON, RUSSELL  
Address DISTRICT AG, 9TH JUDICIAL DISTRICT  
1008 BRADFORD WAY  
City-State-Zip: KINGSTON TN 37763