

**2014 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           VC  
Name           RAMSEY, 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**

**04/02/2014**

\_\_\_\_\_  
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