

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

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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.

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