

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000001218

**FILED**  
**Mar 05, 2013**  
**Secretary of State**  
**CC6561176470**

**Entity Name:** WESTCARE GULFCOAST - FLORIDA, INC.

**Current Principal Place of Business:**

100 SECOND AVE. SOUTH, STE 901 SOUTH  
SAINT PETERSBURG, FL 33701

**Current Mailing Address:**

PO BOX 94738  
LAS VEGAS, NV 89193-4738

**FEI Number:** 59-3714627

**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            PRESIDENT, CEO  
Name            STEINBERG, RICHARD E  
Address        PO BOX 94738  
City-State-Zip: LAS VEGAS NV 89193-4738

Title            TREASURER  
Name            SULLINS, PETER  
Address        PO BOX 94738  
City-State-Zip: LAS VEGAS NV 89193-4738

Title            CHAIRMAN  
Name            MAPES, LYNN  
Address        PO BOX 510039  
City-State-Zip: KEY COLONY BEACH FL 33051

Title            DIRECTOR  
Name            BAIRD, III, WILLIAM  
Address        PO BOX 351  
City-State-Zip: PIKEVILLE KY 41502

Title            DIRECTOR  
Name            WALKER, DR. EUGENE  
Address        5191 ROCK SPRING ROAD  
City-State-Zip: LITHONIA GA 30038

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

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

Title            SECRETARY  
Name            HANNA, JIM  
Address        PO BOX 94738  
City-State-Zip: LAS VEGAS NV 89193-4738

**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**

**03/05/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

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