

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000001218

**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  
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:** \_\_\_\_\_

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            STILES, TINA  
Address        PO BOX 94738  
City-State-Zip: LAS VEGAS NV 89193-4738

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

Title            DIRECTOR  
Name            WALKER, DR. EUGENE  
Address        3230 DOSTER RD  
City-State-Zip: RUTLEDGE GA 30663

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

Title            CHAIRMAN  
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

Title            DIRECTOR  
Name            COGGS, SENATOR SPENCER  
Address        C/O 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**

**02/05/2016**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title DIRECTOR  
Name JOHNSON, RUSSELL  
Address DISTRICT AG, 9TH JUDICIAL DISTRICT  
1005 BRADFORD WAY  
City-State-Zip: KINGSTON TN 37763

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

Title DIRECTOR  
Name RODRIGUEZ, JESUS  
Address PO BOX 4960, PMB 241  
City-State-Zip: CAGUAS PR 00726-4969