

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000001218

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

**Current Principal Place of Business:**

8800 49TH STREET N  
#402  
PINELLAS PARK, FL 33782

**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            ORTBALS, KEN  
Address        PO BOX 94738  
City-State-Zip: LAS VEGAS NV 89193-4738

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

Title            DIRECTOR  
Name            WADHAMS, JAMES L.  
Address        BLACK & LOBELLO  
                  10777 WEST TWAIN AVE. SUITE300  
City-State-Zip: LAS VEGAS NV 89135

Title            VC  
Name            HUGHES, MARKUS  
Address        3251 70TH WAY NORTH  
City-State-Zip: ST. PETERSBURG FL 33710

Title            DIRECTOR  
Name            OKADA, MARY  
Address        P.O. BOX 3566  
City-State-Zip: HAGATNA OC 96932

**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:** KEN ORTBALS

**CFO**

**01/31/2020**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name EKSTROM, BILL  
Address 1516 S. PALOMA BLANCA PL.  
City-State-Zip: KINGMAN AZ 86401

Title DIRECTOR  
Name BOAZMAN, DERRICK  
Address 1860 BOND DRIVE  
City-State-Zip: ATLANTA GA 30315

Title DIRECTOR  
Name ABADIN, RAMON  
Address 2333 PONCE DE LEON BLVD.  
BAC COLONNADE SUITE 314  
City-State-Zip: CORAL GABLES FL 33134