

**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