

2024 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, DIRECTOR, OFFICER
Name STEINBERG, RICHARD E
Address PO BOX 94738
City-State-Zip: LAS VEGAS NV 89193-4738

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

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

Title SECRETARY
Name HANNA, JIM
Address 1711 WHITNEY MESA DR.
City-State-Zip: HENDERSON NV 89014

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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: KEN ORTBALS

CEO

01/25/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MICHAUX, DORIS
Address 3440 STEMBLER RIDGE
City-State-Zip: DOUGLASVILLE GA 30135

Title TREASURER
Name ERATH, LINDA
Address 1711 WHITNEY MESA DR
City-State-Zip: HENDERSON NV 89014