

2019 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 BANK OF AMERICA BLDG.
 300 SOUTH FOURTH ST. STE. 1400
City-State-Zip: LAS VEGAS NV 89101

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

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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: JIM HANNA

CORP. SEC/ GC

02/18/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name PORTER, BILL
Address 1212 E. ANDY DEVINE AVE. #101
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