#### **2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000001218

Entity Name: WESTCARE GULFCOAST - FLORIDA, INC.

**FILED** Feb 16, 2023 **Secretary of State** 4379122015CC

## **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

ST. PETERSBURG FL 33704

#### Officer/Director Detail:

PRESIDENT, DIRECTOR, OFFICER Title Title CEO, OFFICER STEINBERG, RICHARD E Name Name ORTBALS, KEN Address PO BOX 94738 Address PO BOX 94738

City-State-Zip: LAS VEGAS NV 89193-4738 City-State-Zip: LAS VEGAS NV 89193-4738

Title DIRECTOR Title **CHAIRMAN** 

Name WALSH, THOMAS J II Name RAMSAY, RICHARD

Address 180 28TH AVENUE NORTH Address C/O MONROE COUNTY SHERIFF'S

City-State-Zip:

5525 COLLEGE ROAD

KEY WEST FL 33040

City-State-Zip: Title VC

Name HUGHES, MARKUS Title **DIRECTOR** 

Address 3251 70TH WAY NORTH Name WADHAMS, JAMES L.

City-State-Zip: ST. PETERSBURG FL 33710 Address **BLACK & LOBELLO** 

10777 WEST TWAIN AVE. SUITE 300

Title DIRECTOR City-State-Zip: LAS VEGAS NV 89135 Name EKSTROM, BILL

Title **DIRECTOR** Address 1516 S. PALOMA BLANCA PL.

Name OKADA, MARY

KINGMAN AZ 86401 City-State-Zip: Address P.O. BOX 3566

Continues on page 2 City-State-Zip: HAGATNA OC 96932

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.

02/16/2023 SIGNATURE: KEN ORTBALS **CEO** 

# Officer/Director Detail Continued:

Title DIRECTOR

Name ABADIN, RAMON

Address 2333 PONCE DE LEON BLVD.

BAC COLONNADE SUITE 314

City-State-Zip: CORAL GABLES FL 33134

Title SEC.-TREASURER
Name ERATH, LINDA

Address 1711 WHITNEY MESA DR
City-State-Zip: HENDERSON NV 89014

Title DIRECTOR

Name MICHAUX, DORIS

Address 3440 STEMBLER RIDGE

City-State-Zip: DOUGLASVILLE GA 30135