

**2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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. SUITE 300  
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

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

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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. SECRETARY**

**03/09/2023**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title 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