

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