# 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000001218

Entity Name: WESTCARE GULFCOAST - FLORIDA, INC.

## **Current Principal Place of Business:**

100 SECOND AVE. SOUTH, STE 901 SOUTH SAINT PETERSBURG, FL 33701

# **Current Mailing Address:**

PO BOX 94738 LAS VEGAS, NV 89193-4738

# FEI Number: 59-3714627

## Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

Certificate of Status Desired: Yes

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

# **Officer/Director Detail :**

	Title	PRESIDENT, CEO	Title	TREASURER		
	Name	STEINBERG, RICHARD E	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	DIRECTOR		
	Name	BAIRD, III, WILLIAM	Name	WALKER, DR. EUGENE		
	Address	PO BOX 351	Address	3230 DOSTER RD		
	City-State-Zip:	PIKEVILLE KY 41502	City-State-Zip:	RUTLEDGE GA 30663		
	Title	DIRECTOR	Title	CHAIRMAN		
	Name	YOUNGQUIST, DAVID	Name	RAMSAY, RICHARD		
	Address	21 SOUTH LONG LAKE TRAIL	Address	C/O MONROE COUNTY SHERIFF'S OFFICE		
	City-State-Zip:	NORTH OAKS MN 55127		5525 COLLEGE ROAD		
	Title	SECRETARY	City-State-Zip:	KEY WEST FL 33040		
	Name	HANNA, JIM	Title	DIRECTOR		
	Address	PO BOX 94738	Name	COGGS, SENATOR SPENCER		
		LAS VEGAS NV 89193-4738	Address	C/O CITY HALL, ROOM 103 200 EAST WELLS STREET		
			City-State-Zip:			

#### Continues on page 2

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

TREASURER

02/02/2017

Electronic Signature of Signing Officer/Director Detail

FILED Feb 02, 2017 Secretary of State CC8135734560

Date

Date

## **Officer/Director Detail Continued :**

Title		DIRECTOR	Title	DIRECTOR
Name	Э	WALSH, THOMAS J II	Name	SZEGEDY-MASZAK, PETER
Addre	ess	180 28TH AVENUE NORTH	Address	5050 MAC ARTHUR BLVD., NW
City-S	State-Zip:	ST. PETERSBURG FL 33704	City-State-Zip:	WASHINGTON DC 20016
Title			Title	
Addre	-	DISTRICT AG, 9TH JUDICIAL DISTRICT	Address	PO BOX 4960, PMB 241
City-	State-Zip:	1005 BRADFÓRD WAY KINGSTON TN 37763	City-State-Zip:	CAGUAS PR 00726-4969
Addre City-S Title Name Addre	ess State-Zip: e	180 28TH AVENUE NORTH ST. PETERSBURG FL 33704 DIRECTOR JOHNSON, RUSSELL DISTRICT AG, 9TH JUDICIAL DISTRICT 1005 BRADFORD WAY	Address City-State-Zip: Title Name	5050 MAC ARTHUR BLVD., NW WASHINGTON DC 20016 DIRECTOR RODRIGUEZ, JESUS PO BOX 4960, PMB 241