

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000001561

**Entity Name:** WESTCARE FLORIDA, INC.

**Current Principal Place of Business:**

1633 POINCIANA DRIVE  
PEMBROKE PINES, FL 33025

**Current Mailing Address:**

PO BOX 94738  
LAS VEGAS, NV 89193 US

**FEI Number:** 27-5180625

**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:** BRENNALUTTER.AST. SECRETARY

03/20/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRESIDENT, DIRECTOR  
Name STEINBERG, RICHARD E  
Address 1711 WHITNEY MESA DRIVE  
City-State-Zip: HENDERSON NV 89014

Title CEO  
Name ORTBALS, KEN  
Address 1711 WHITNEY MESA DRIVE  
City-State-Zip: HENDERSON NV 89014

Title DIRECTOR  
Name WALSH, THOMAS II  
Address 180 28TH AVENUE NORTH  
City-State-Zip: ST. PETERSBURG FL 33704

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 WADHAMS, JAMES  
Address BLACK & LOBELLO  
10777 WEST TWAIN AVE. STE. 300  
City-State-Zip: LAS VEGAS NV 89135

Title DIRECTOR  
Name OKADA, MARY  
Address P.O. BOX 3566  
City-State-Zip: HAGATNA OC 96932

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

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

**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:** JIM HANNA

**CORP SECRETARY**

03/20/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR, VC  
Name           HUGHES, MARKUS  
Address        3251 70TH WAY NORTH  
City-State-Zip: ST. PETERSBURG FL 33710

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