

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000001561

Entity Name: WESTCARE FLORIDA, INC.

Current Principal Place of Business:

169 EAST FLAGLER STREET, SUITE 1300
MIAMI, FL 33131

Current Mailing Address:

PO BOX 94738
LAS VEGAS, NV 89193-4738

FEI Number: 27-5180625

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 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 CHAIRMAN
Name MAPES, LYNN
Address PO BOX 510039
City-State-Zip: KEY COLONY BEACH FL 33051

Title DIRECTOR
Name YOUNGQUIST, DAVID
Address 21 SOUTH LONG LAKE TRAIL
City-State-Zip: NORTH OAKS MN 55127

Title DIRECTOR
Name WALKER, DR. EUGENE
Address 5191 ROCK SPRING ROAD
City-State-Zip: LITHONIA GA 30038

Title DIRECTOR
Name BAIRD, WILLIAM III
Address PO BOX 351
City-State-Zip: PIKEVILLE KY 41502

Title TREASURER
Name SULLINS, PETER
Address PO BOX 94738
City-State-Zip: LAS VEGAS NV 89193-4738

Title SECRETARY
Name HANNA, JIM
Address PO BOX 94738
City-State-Zip: LAS VEGAS NV 89193-4738

Title DIRECTOR
Name COGGS, SENATOR SPENCER
Address C/O CITY HALL, ROOM 103
 200 EAST WELLS STREET
City-State-Zip: MILWAUKEE WI 53202

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: PETER SULLINS

TREASURER

03/05/2013

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title VC
Name RAMSAY, RICHARD
Address C/O MONROE COUNTY SHERIFF'S
 OFFICE
 5525 COLLEGE ROAD
City-State-Zip: KEY WEST FL 33040