## 2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000001561

Entity Name: WESTCARE FLORIDA, INC.

**Current Principal Place of Business:** 

1735 DR. MARTIN LUTHER KING, JR. STREET SOUTH

ST. PETERSBURG, FL 33705

**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: BRENNA LUTTER AST, SECRETARY 03/02/2021

Electronic Signature of Registered Agent

Date

**FILED** Mar 02, 2021

**Secretary of State** 

6893197115CC

Officer/Director Detail:

Title PRESIDENT, CEO Title TREASURER STEINBERG, RICHARD E Name Name ORTBALS, KEN

1711 WHITNEY MESA DRIVE Address Address 1711 WHITNEY MESA DRIVE HENDERSON NV 89014 HENDERSON NV 89014 City-State-Zip: City-State-Zip:

Title DIRECTOR Title **SECRETARY** 

Name WALSH, THOMAS II Name HANNA, JIM

Address 180 28TH AVENUE NORTH Address 1711 WHITNEY MESA DRIVE ST. PETERSBURG FL 33704 City-State-Zip: City-State-Zip: HENDERSON NV 89014

Title DIRECTOR Title **CHAIRMAN** 

Name WADHAMS, JAMES Name RAMSAY, RICHARD

Address **BLACK & LOBELLO** Address C/O MONROE COUNTY SHERIFF'S 10777 WEST TWAIN AVE. STE. 300

**OFFICE** 

5525 COLLEGE ROAD City-State-Zip: LAS VEGAS NV 89135

City-State-Zip: KEY WEST FL 33040

Title DIRECTOR

Title **DIRECTOR** Name BOAZMAN, DERRICK Name OKADA, MARY Address 1860 BOND DRIVE P.O. BOX 3566 Address City-State-Zip: ATLANTA GA 30315

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.

03/02/2021 SECRETARY SIGNATURE: JIM HANNA

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title DIRECTOR

Name ABADIN, RAMON

Address 9155 S. DADELAND BLVD

**SUITE 1208** 

City-State-Zip: MIAMI FL 33156

Title DIRECTOR, VC

Address

Name HUGHES, MARKUS

City-State-Zip: ST. PETERSBURG FL 33710

3251 70TH WAY NORTH

Title DIRECTOR

Name EKSTROM, WILLIAM

Address 1516 S. PALOMA BLANCA PL.

City-State-Zip: KINGMAN AZ 86401