

**2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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

03/09/2023

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**

03/09/2023

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               DIRECTOR  
Name               MICHAUX, DORIS  
Address            3440 STEMBLER RIDGE  
City-State-Zip:    DOUGLASVILLE GA 30135

Title               TREASURER  
Name               ERATH, LINDA  
Address            1711 WHITNEY MESA DR  
City-State-Zip:    HENDERSON NV 89014