

**2017 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:**

1711 WHITNEY MESA DRIVE  
HENDERSON, NV 89014 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

Title            DIRECTOR  
Name            WALKER, EUGENE DR.  
Address        3230 DOSTER ROAD  
City-State-Zip: RUTLEDGE GA 30663

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

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

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

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

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

**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

Date

**Officer/Director Detail Continued :**

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 JOHNSON, RUSSELL  
Address DISTRICT AG, 9TH JUDICIAL DISTRICT  
1008 BRADFORD WAY  
City-State-Zip: KINGSTON TN 37763

Title DIRECTOR  
Name SZEGEDY-MASZAK, PETER  
Address 5050 MAC ARTHUR BLVD., NW  
City-State-Zip: WASHINGTON DC 20016

Title DIRECTOR  
Name RODRIGUEZ, JESUS  
Address PO BOX 4960, PMB 241  
City-State-Zip: CAGUAS, PR OC 00726-4969