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 Title DIRECTOR

Name STEINBERG, RICHARD E Name YOUNGQUIST, DAVID

Address 1711 WHITNEY MESA DRIVE Address 21 SOUTH LONG LAKE TRAIL

City-State-Zip: HENDERSON NV 89014 City-State-Zip: NORTH OAKS MN 55127

Title DIRECTOR Title DIRECTOR

Name WALKER, EUGENE DR. Name BAIRD, WILLIAM III

Address 3230 DOSTER ROAD Address PO BOX 351

City-State-Zip: RUTLEDGE GA 30663 City-State-Zip: PIKEVILLE KY 41502

TitleTREASURERTitleSECRETARYNameORTBALS, KENNameHANNA, JIM

Address 1711 WHITNEY MESA DRIVE Address 1711 WHITNEY MESA DRIVE

City-State-Zip: HENDERSON NV 89014 City-State-Zip: HENDERSON NV 89014

Title DIRECTOR Title DIRECTOR

Name COGGS, SENATOR SPENCER Name WALSH, THOMAS II

Address C/O CITY HALL, ROOM 103 Address 180 28TH AVENUE NORTH

200 EAST WELLS STREET City-State-Zip: ST. PETERSBURG FL 33704

City-State-Zip: MILWAUKEE WI 53202

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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.

SIGNATURE: KEN ORTBALS TREASURER 02/02/2017

Electronic Signature of Signing Officer/Director Detail

Date

FILED Feb 02, 2017

Secretary of State

CC0293671568

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