

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726520

FILED  
Apr 30, 2010  
Secretary of State

Entity Name: GUIDANCE/CARE CENTER, INC.

**Current Principal Place of Business:**

3000 41ST STREET OCEAN  
MARATHON, FL 33050

**New Principal Place of Business:**

**Current Mailing Address:**

900 GRIER DRIVE  
LAS VEGAS, NV 89119

**New Mailing Address:**

FEI Number: 59-1458324      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

BUSINESS FILINGS INCORPORATED  
1203 GOVERNORS SQUARE BLVD.  
SUITE 101  
TALLAHASSEE, FL 323012960 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: CD  
Name: MAPES, LYNN  
Address: 345 13TH ST  
City-St-Zip: KEY COLONY BEACH, FL 33051

Title: TSD  
Name: GEDMIN, JANINE  
Address: 5525 COLLEGE RD.  
City-St-Zip: KEY WEST, FL 33040

Title: VCD  
Name: RICE, DAVID PHD  
Address: 127 MOCKINGBIRD LANE  
City-St-Zip: MARATHON, FL 33050

Title: D  
Name: STEINBERG, RICHARD  
Address: 900 GRIER DR  
City-St-Zip: LAS VEGAS, NV 89119

Title: D  
Name: WALSH, THOMAS  
Address: 180 28TH AVE. N.  
City-St-Zip: SAINT PETERSBURG, FL 33704

Title: D  
Name: MEARN, MARJORIE  
Address: 400 70TH STREET, GULF  
City-St-Zip: MARATHON, FL 33050

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: LYNN C. MAPES

C

04/30/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date