2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2008 8:00 am
Secretary of State
02-26-2008 90004 046 ****70.00

DOCUMENT # N01000001218

1. Entity Name
WESTCARE GULFCOAST - FLORIDA, INC.

Principal Place of Business	Mailing Address
9700 DR. MARTIN LUTHER KING JR ST. N SAINT PETERSBURG, FL 33702	PO BOX 94738 LAS VEGAS, NV 89193

02182008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3714627 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD.
STE. 101
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD STEINBERG, RICHARD 900 GRIER DRIVE LAS VEGAS, NV 89119	☐ Delete	D ROWELL, VIRGINIA 626 14TH AVENUE NE ST PETERSBURG FL 33701	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DAS VENTRELLA, PETER 900 GRIER DRIVE LAS VEGAS, NV 89119	☐ Delete	ST MILLER, MARY 5411 7TH AVENUE NORTH ST PETERSBURG FL 33710	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CAREY, MAJOR TOM 3669 MELISSA TERR. NORTH PORT, FL 34286	☐ Delete	D WILLIAMS, FRED 1905 TYRONE BLVD ST PETERSBURG FL 33701	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THOMAS, JENNY 11901 4TH ST. NORTH #402 SAINT PETERSBURG, FL 33716	☐ Delete	D THOMAS, JENNY 406 W. AZEELE STREET, APT 503 TAMPA, FL 33606-2262	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C WALSH, THOMAS 180-28TH AVE. N. SAINT PETERSBURG, FL 33704	☐ Delete	D SLEDD, TOM 2408 CATTLEMAN DRIVE BRANDON, FL 33511	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC FORBES, JEFF 511 66TH AVE. S. SAINT PETERSBURG, FL 33705	☐ Delete	D HARRIS, RAYMOND 2560 62ND AVENUE NORTH, A-408 ST PETERSBURG FL 33702	☐ Change	☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Peter Ventrella 2/19/08 (702)385-2090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #