


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90032 019 ****70.00

DOCUMENT # 769011 1. Entity Name LAKESIDE BEHAVIORAL HEALTHCARE, INC.					
Principal Place of Business 434 W KENNEDY BLVD ORLANDO, FL 32810			Mailing Address 434 W KENNEDY BLVD ORLANDO, FL 32810		
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 59-2301233	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROBB, PAMELA M 1311 WINTER GARDEN-WINELAND ROAD WINTER GARDEN, FL 34787			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			DATE		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	CASD WILENSKY, LIN 9152 POINT CYPRESS DRIVE ORLANDO, FL 32836 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HORTENSE, JONES 307 CLARK ST. EATONVILLE, FL 32751 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MAITLAND, FL 32751 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete KASSAB, JERRY 434 W KENNEDY BLVD ORLANDO, FL 32810		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BALL, STEPHEN T 1780 OAKBROOK DRIVE LONGWOOD, FL 32779		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Jerry Kassab</u> <u>JERRY KASSAB</u> <u>3-31-08</u> <u>407-822-5651</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40067153



ATTACHMENT
40067153
769011

10. Officers/Directors (Cont'd)

D
Tania Hood Beckel
600 W. King Street
Orlando, FL 32804

D
David Heffernan
8600 Valencia College Lane
Orlando, FL 32825

S/D
Dr. Michael Bone
1177 Louisiana Avenue, Ste. 115
Winter Park, FL 32789

D
Anne Miller
190 North Shore Circle
Casselberry, FL 32707

D
Lynn Capraun
15021 Winding Ridge
Clermont, FL 34711

D
Dawn Neville
107 E. Hillcrest Street
Orlando, FL 32801

D
Julie Carmody
897 Brock Street
Winter Park, FL 32789

VC/AS/D
Andrew Davis
3561 Hollow Oak Run
Oviedo, FL 32766

T/D
Steven Fisher
111 N. Orange Avenue, Ste. 1585
Orlando, FL 32801

C/D
Wayne Gardner
10148 Pink Carnation Court
Orlando, FL 32825

D
Gloria Grass
18533 State Road 44
Eustis, FL 32736