2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720479

Entity Name: LIFESTREAM BEHAVIORAL CENTER, INC.

Current Principal Place of Business:

515 W MAIN STREET LEESBURG, FL 34748

P.O. BOX 491000

LEESBURG. FL 34749-1000

Current Mailing Address:

FEI Number: 59-1561501 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

EVANS, DAVID L MATEER & HARBERT, P.A. 225 E. ROBINSON STREET SUITE 600, TWO LANDMARK CENTER ORLANDO, FL 32801 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: DAVID L. EVANS 04/21/2015

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title PCEO Title CD

NameCHERRY, JONATHAN MNameMORRIS, TIMOTHYAddress515 W. MAIN STREETAddress515 W. MAIN ST

City-State-Zip: LEESBURG FL 34748 City-State-Zip: LEESBURG FL 34748

Title VCD Title TD

Name MOJOCK, CHARLES DR. Name SLEAFORD, MICHAEL

Address 515 W. MAIN ST Address 515 W. MAIN ST.

City-State-Zip: LEESBURG FL 34748 City-State-Zip: LEESBURG FL 34748

Title SD

Name HILL, JENNIFER
Address 515 W. MAIN ST.

City-State-Zip: LEESBURG FL 34748

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: /S/JONATHAN M. CHERRY

PCEO

04/21/2015

FILED Apr 21, 2015

Secretary of State

CC0045070120