2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Feb 06, 2006 8:00 am Secretary of State

Maining Address Maining Address P. P. Br. Wall St. St. St. Wall St. St. St. Wall St. Wall St. Wall St. Wall St. St. St. Wall S	1. Entity Name LIFESTREAM BEHAVIORAL CENTER, INC.						02-06-200	06 90071 01	8 ****	/0.00	
Suite, Apt. #, etc. City & State	515 W MAIN	STREET	P.O. BOX 491000	D. BOX 491000							
City & State Ci	Principal Place of Business 3. Mailing Address										
Solution	Suite, Apt. #, etc. S		Suite, Apt. #, etc.	Suite, Apt. #, etc.			Chg-NP	CR2E037 (11/05)		
Secretary Secr	City & State		City & State	City & State							
WILLIAMS, ROBERT Q 380 W ALFRED ST TAVARES, FL 32778 ***Part Address (P.O. Dox Number is Not Acceptable) -401 E. Jackson St., Suite 1700 ***Tree Address (P.O. Dox Number is Not Acceptable) -401 E. Jackson St., Suite 1700 ***Tree Address (P.O. Dox Number is Not Acceptable) -401 E. Jackson St., Suite 1700 ***Tree Address (P.O. Dox Number is Not Acceptable) -401 E. Jackson St., Suite 1700 ***Tree Address (P.O. Dox Number is Not Acceptable) -401 E. Jackson St., Suite 1700 ***Tree Address (P.O. Dox Number is Not Acceptable) -401 E. Jackson St., Suite 1700 ***Tree Address (P.O. Dox Number is Not Acceptable) -401 E. Jackson St., Suite 1700 ***Tree Address (P.O. Dox Number is Not Acceptable) -401 E. Jackson St., Suite 1700 ***Tree Address (P.O. Dox Number is Not Acceptable) -401 E. Jackson St., Suite 1700 ***Tree Address (P.O. Dox Number is Not Acceptable) -401 E. Jackson St., Suite 1700 ***Tree Address (P.O. Dox Number is Not Acceptable) -401 E. Jackson St., Suite 1700 ***Tree Address (P.O. Dox Number is Not Acceptable) -402 E. Jackson St., Suite 1700 ***Tree Address (P.O. Dox Number is Not Acceptable) -402 E. Jackson St., Suite 1700 ***Tree Address (P.O. Dox Number is Not Acceptable) -402 E. Jackson St., Suite 1700 ***Tree Address (P.O. Dox Number is Not Acceptable) -402 E. Jackson St., Suite 1700 ***Tree Address (P.O. Dox Number is Not Acceptable) -402 E. Jackson St., Suite 1700 ***Tree Address (P.O. Dox Number is Not Acceptable) -402 E. Jackson St., Suite 1700 ***Tree Address (P.O. Dox Number is Not Acceptable) -402 E. Jackson St., Suite 1700 ***Tree Address (P.O. Dox Number is Not Acceptable) -402 E. Jackson St., Suite 1700 ***Tree Address (P.O. Dox Number is Not Acceptable) -402 E. Jackson St., Suite 1700 -402	Zip Country		Zip	Zip Country		5 Certificate of Status Desired 97 \$8.75 Additional					
American Enformation Services, Inc. American Enformation Services, Inc.		6. Name and Address of Current i	Registered Agent	Ĭ		7. Name and A	Address of New	Registered Age	nt		
SIGNATURE Signature Security Security	14/91 1 14440	DODERT O		Name	Name Amorican IInformation Sorgious Inc.						
8. The above named entay submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. **SIGNATURE** **Signare**, here of previous for the x spokable.** **Filling Fee is \$61.25 **Due by May 1, 2006** **Polices And Directors** **Inc.** **Delice** **Inc.** **Inc	380 W ALFRED ST				Street Address (P.O. Box Number is Not Acceptable)						
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am tamiliar with, and accept the obligations of registered agent. Signature	TAVARES, FL 32778				- ,						
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the state of Florida agent, or both, in the State of Florida. I am familiar with, and accept the state of Florida agent, or both, in the State of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida agent, or both, in the State of Florida. I am familiar with, and accept the state of Florida agent, or both in the state of Florida. Interpresent Agent of Florida agent, or both in the state of Florida agent, or both in the state of Florida agent agen	letter i de la companya de la compa							FL			
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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.

GNATURE:

Jonathan M.Cherry, CEO

Josephine Phone F

Daytime Phone F

4720479

Akerman Senterfitt

SunTrust Financial Centre, Suite 1700 401 E. Jackson Street Tampa, Florida 33602

www.akerman.com

813 223 7333 tel 813 223 2837 fax

David M. Abel, Paralegal 813 209 5033 david.abel@akerman.com

Fort Lauderdale Jacksonville Miami New York Orlando Tallahassee Tampa Washington, DC West Palm Beach

January 30, 2006

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: LIFESTREAM BEHAVIORAL CENTER, INC.

Dear Sir or Madam:

Enclosed, please find the 2006 Not-For-Profit Corporation Annual Report for the above company. The filing fee of \$70.00 is attached which includes an additional \$8.75 for a Certificate of Status. Please send the Certificate of Status to the principal office address to the attention of Mr. Jonathan Cherry.

Sincerely

David M. Abel Paralegal

Enclosures

cc: K. Dávis w/encl.