

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720479

FILED
Mar 02, 2010
Secretary of State

Entity Name: LIFESTREAM BEHAVIORAL CENTER, INC.

Current Principal Place of Business:

515 W MAIN STREET
LEESBURG, FL 34748 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 491000
LEESBURG, FL 347491000

New Mailing Address:

FEI Number: 59-1561501

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 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: PCEO
Name: CHERRY, JONATHAN M
Address: 515 W. MAIN STREET
City-St-Zip: LEESBURG, FL 34748

Title: CD
Name: MORRIS, TIMOTHY
Address: 9605 SILVER LAKE DRIVE
City-St-Zip: LEESBURG, FL 34788

Title: VCD
Name: MOJOCK, CHARLES DR.
Address: 9501 U.S. HIGHWAY 441
City-St-Zip: LEESBURG, FL 34788

Title: D
Name: JACKSON, TERRY W
Address: 728 LAKE DORA DRIVE
City-St-Zip: TAVARES, FL 32778

Title: TD
Name: GROSS, PAUL
Address: 1730 PENINSULA DRIVE
City-St-Zip: TAVARES, FL 32778

Title: SD
Name: SULLIVAN, SUSAN
Address: 4129 COUNTY ROAD 106
City-St-Zip: OXFORD, FL 344843500

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: JONATHAN M. CHERRY

PCEO

03/02/2010

Electronic Signature of Signing Officer or Director

Date