2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#769011

FILED Mar 30, 2010 Secretary of State

Entity Name: LAKESIDE BEHAVIORAL HEALTHCARE, INC.

Current Principal Place of Business: New Principal Place of Business:

1800 MERCY DRIVE SUITE 100 ORLANDO, FL 32808

Current Mailing Address: New Mailing Address:

1800 MERCY DRIVE SUITE 100 ORLANDO, FL 32808

FEI Number: 59-2301233 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ROBB, PAMELA M 1311 WINTER GARDEN-WINELAND ROAD WINTER GARDEN, FL 34787 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: [

Name: WILENSKY, LIN

Address: 9152 POINT CYPRESS DRIVE City-St-Zip: ORLANDO, FL 32836

Title: CD

Name: DAVIS, ANDREW
Address: 3561 HOLLOW OAK RUN
City-St-Zip: OVIEDO, FL 32766

Title: VCAS

Name: FISHER, STEVEN

Address: 111 N. ORANGE AVENUE, SUITE 1585

City-St-Zip: ORLANDO, FL 32801

Title: SD

Name: BECKEL, TANIA H
Address: 600 W. KING STREET
City-St-Zip: ORLANDO, FL 32804

Title: TD

Name: BONE, DR. MICHAEL

Address: 1177 LOUISIANA AVENUE, SUITE 115

City-St-Zip: WINTER PARK, FL 32789

Title:

Name: BALL, STEPHEN

Address: 200 S. ORANGE AVENUE, SUITE 2600

City-St-Zip: ORLANDO, FL 32801

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: JERRY KASSAB P 03/30/2010