2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2012
Secretary of State

DOCUMENT# 769011

Entity Name: LAKESIDE BEHAVIORAL HEALTHCARE, INC.

Current Principal Place of Business:

1800 MERCY DRIVE
SUITE 100
ORLANDO, FL 32808

New Principal Place of Business:

Current Mailing Address:

1800 MERCY DRIVE
SUITE 100
ORLANDO, FL 32808

New Mailing Address:

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

Name and Address of Current Registered Agent:

ROBB, PAMELA M
1311 WINTER GARDEN-VINELAND ROAD
WINTER GARDEN, FL 34787 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: D
Name: HEFFERNAN, DAVID
Address: 8600 VALENCIA COLLEGE LANE
City-St-Zip: ORLANDO, FL 32825

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

Title: SD
Name: BECKEL, TANIA H
Address: 600 WEST KING STREET
City-St-Zip: ORLANDO, FL 32804

Title: VCD
Name: FRANK, SERENA E
Address: 5108 KEENELAND CIRCLE
City-St-Zip: ORLANDO, FL 32819

Title: TD
Name: BONE, DR. MICHAEL
Address: 201 WEST CANTON AVENUE, SUITE 225
City-St-Zip: WINTER PARK, FL 32789

Title: D
Name: BALL, STEPHEN T
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 CEO 03/21/2012

Electronic Signature of Signing Officer or Director — Date