

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 23, 2009  
Secretary of State**

DOCUMENT# N97000001746

Entity Name: LAKESIDE BEHAVIORAL HEALTHCARE FOUNDATION, INC.

**Current Principal Place of Business:**

1800 MERCY DRIVE  
ORLANDO, FL 32808

**New Principal Place of Business:**

**Current Mailing Address:**

1800 MERCY DRIVE  
ORLANDO, FL 32808

**New Mailing Address:**

FEI Number: 59-3425984      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 RD.  
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      ( ) Delete  
Name: GOREN, VIRGINIA  
Address: 530 E CENTRAL BLVD  
City-St-Zip: ORLANDO, FL 32801

Title: D      ( ) Delete  
Name: WILSON, DR. CAROL  
Address: 3026 CHRIS LANE  
City-St-Zip: ORLANDO, FL 32806

Title: D      ( ) Delete  
Name: KASSAB, JERRY  
Address: 434 W KENNEDY BLVD  
City-St-Zip: ORLANDO, FL 32810

Title: D      ( ) Delete  
Name: PEREZ, MARY  
Address: 500 S. ORANGE AVE  
City-St-Zip: ORLANDO, FL 32801

Title: D      ( ) Delete  
Name: STEWART, MALONE  
Address: 1717 ANNA CATHERINE DR  
City-St-Zip: ORLANDO, FL 32804

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D      (X) Change ( ) Addition  
Name: KASSAB, JERRY  
Address: 1800 MERCY DRIVE, SUITE 100  
City-St-Zip: ORLANDO, FL 32810

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: CD      (X) Change ( ) Addition  
Name: WALTERS, KAY  
Address: 1801 LAKE GROVE LANE  
City-St-Zip: ORLANDO, FL 32806

Title: STD      ( ) Change (X) Addition  
Name: GALLAGHER, JOE  
Address: 1015 TERRY DRIVE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JERRY KASSAB

PCEO

04/23/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date