

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001746

FILED  
Mar 22, 2012  
Secretary of State

Entity Name: LAKESIDE BEHAVIORAL HEALTHCARE FOUNDATION, INC.

**Current Principal Place of Business:**

1800 MERCY DRIVE  
ORLANDO, FL 32808

**New Principal Place of Business:**

1800 MERCY DRIVE  
SUITE 100  
ORLANDO, FL 32808

**Current Mailing Address:**

1800 MERCY DRIVE  
ORLANDO, FL 32808

**New Mailing Address:**

1800 MERCY DRIVE  
SUITE 100  
ORLANDO, FL 32808

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: CD  
Name: DAVIS, ANDREW  
Address: 1800 MERCY DRIVE, SUITE 100  
City-St-Zip: ORLANDO, FL 32808

Title: VCD  
Name: KASSAB, JERRY  
Address: 1800 MERCY DRIVE, SUITE 100  
City-St-Zip: ORLANDO, FL 32808

Title: TSD  
Name: CAPONI, CARLA  
Address: 1800 MERCY DRIVE, SUITE 100  
City-St-Zip: ORLANDO, FL 32808

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

03/22/2012

Electronic Signature of Signing Officer or Director

Date