

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720479

Entity Name: LIFESTREAM BEHAVIORAL CENTER, INC.

Current Principal Place of Business:

515 W MAIN STREET
LEESBURG, FL 34748

Current Mailing Address:

P.O. BOX 491000
LEESBURG, FL 34749-1000

FEI Number: 59-1561501

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

EVANS, DAVID L
MATEER & HARBERT, P.A.
225 E. ROBINSON STREET SUITE 600, TWO LANDMARK CENTER
ORLANDO, FL 32801 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: DAVID L. EVANS

04/03/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PCEO
Name CHERRY, JONATHAN M
Address 515 W. MAIN STREET
City-State-Zip: LEESBURG FL 34748

Title CD
Name MORRIS, TIMOTHY
Address 515 W. MAIN ST
City-State-Zip: LEESBURG FL 34748

Title VCD
Name MOJOCK, CHARLES DR.
Address 515 W. MAIN ST
City-State-Zip: LEESBURG FL 34748

Title TD
Name SLEAFORD, MICHAEL
Address 515 W. MAIN ST.
City-State-Zip: LEESBURG FL 34748

Title SD
Name HILL, JENNIFER
Address 515 W. MAIN ST.
City-State-Zip: LEESBURG FL 34748

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

04/03/2017

Electronic Signature of Signing Officer/Director Detail

Date