#### DOCUMENT# 720479

Entity Name: LIFESTREAM BEHAVIORAL CENTER, INC.

# **Current Principal Place of Business:**

1616 S 14TH STREET LEESBURG, FL 34748

## **Current Mailing Address:**

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

# FEI Number: 59-1561501

## Name and Address of Current Registered Agent:

EVANS, DAVID L DINSMORE & SHOHL LLP 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	E: DAVID L. EVANS			04/19/2024		
	Electronic Signature of Registered Agent			Date		
Officer/Director Detail :						
Title	CEO	Title	CD			
Name	HANKEY, RICK	Name	MORRIS, TIMOTHY			
Address	1616 S 14TH STREET	Address	1616 SOUTH 14TH STREET			
City-State-Zip:	LEESBURG FL 34748	City-State-Zip:	LEESBURG FL 34748			
Title	VCD	Title	TD			
Name	JOHNS, PAUL	Name	SLEAFORD, MICHAEL			
Address	1616 SOUTH 14TH STREET	Address	1616 SOUTH 14TH STREET			
City-State-Zip:	LEESBURG FL 34748	City-State-Zip:	LEESBURG FL 34748			
Title	SD					
Name	BIGARD, HEATHER DR.					
Address	1616 SOUTH 14TH STREET					
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	RICK HANKEY	CEO	04/19/2024

Electronic Signature of Signing Officer/Director Detail

FILED Apr 19, 2024 Secretary of State 0415519260CC

Certificate of Status Desired: No

Date