

**2016 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**

**03/02/2016**

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: /S/ JONATHAN M. CHERRY**

**PCEO**

**03/02/2016**

Electronic Signature of Signing Officer/Director Detail

Date