515 W. MAIN S LEESBURG, F				
Current Ma	iling Address:			
P. O. BOX 4 LEESBURG	91000 , FL 34749-1000 US			
FEI Numbe	r: 59-2976392		Certificate of Status Des	ired: Yes
Name and Address of Current Registered Agent:				
EVANS, DAVIE MATEER & HA 225 E. ROBINS ORLANDO, FL	RBERT, P.A. SON ST. SUITE 600, TWO LANDMARK CENTER			
The above name	d entity submits this statement for the purpose of changing its regi	stered office or reg	istered agent, or both, in the State of Flo	orida.
SIGNATURI	E: DAVID L. EVANS			04/21/2015
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	DCEO	Title	PRESIDENT, DIRECTOR	
Name	CHERRY, JONATHAN	Name	ROBERTZ-SCHWARTZ, MARC	
Address	515 W. MAIN STREET	Address	515 W. MAIN ST	

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32838

Entity Name: LIFESTREAM BEHAVIORAL CENTER FOUNDATION, INC.

Current Principal Place of Business:

City-State-Zip: LEESBURG FL 34748

City-State-Zip: LEESBURG FL 34748

City-State-Zip: LEESBURG FL 34748

SD

VP, DIRECTOR

515 W. MAIN ST.

PELOT, FRANK

515 W. MAIN ST.

CLEMENT, TRACEY

Title

Title

Name Address

Name

Address

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 CHERRY DCEO 04/21/2015
--

Electronic Signature of Signing Officer/Director Detail

FILED Apr 21, 2015 Secretary of State CC4361540136

City-State-Zip: LEESBURG FL 34748

City-State-Zip: LEESBURG FL 34748

ROJAS, RICARDO

515 W. MAIN ST.

TD

Title

Name

Address

Date