

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000001746

**Entity Name:** LAKESIDE BEHAVIORAL HEALTHCARE FOUNDATION, INC.

**FILED**  
**Feb 05, 2014**  
**Secretary of State**  
**CC5107404105**

**Current Principal Place of Business:**

1800 MERCY DRIVE  
SUITE 100  
ORLANDO, FL 32808

**Current Mailing Address:**

1800 MERCY DRIVE  
SUITE 100  
ORLANDO, FL 32808

**FEI Number: 59-3425984**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

ROBB, PAMELA M  
1311 WINTER GARDEN-VINELAND RD.  
WINTER GARDEN, FL 34787 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

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

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

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

Title D  
Name GALLAGHER, JOE  
Address 1800 MERCY DRIVE, SUITE 100  
City-State-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**

**PRESIDENT**

**02/05/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date