

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001746

**FILED
Apr 20, 2015
Secretary of State
CC6635393622**

Entity Name: LAKESIDE BEHAVIORAL HEALTHCARE FOUNDATION, INC.

Current Principal Place of Business:

5151 ADANSON STREET
ORLANDO, FL 32804

Current Mailing Address:

5151 ADANSON STREET
ORLANDO, FL 32804 US

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 5151 ADANSON STREET
City-State-Zip: ORLANDO FL 32804

Title PD
Name KASSAB, JERRY
Address 5151 ADANSON STREET
City-State-Zip: ORLANDO FL 32804

Title TSD
Name CAPONI, CARLA
Address 5151 ADANSON STREET
City-State-Zip: ORLANDO FL 32804

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

04/20/2015

Electronic Signature of Signing Officer/Director Detail

Date