

F98000002207



ACCOUNT NO. : 072100000032

REFERENCE : 784268 7112202

AUTHORIZATION :

COST LIMIT *Patricia Payne* 70.00

ORDER DATE : April 16, 1998

ORDER TIME : 9:50 AM

ORDER NO. : 784268-005

CUSTOMER NO: 7112202

CUSTOMER: Lorie Taylor, Legal Asst
Balanced Care Corporation
Suite 200
5021 Louise Drive
Mechanicsburg, PA 17055

100002493131--2

FOREIGN FILINGS

NAME: BALANCED CARE AT PENSACOLA,
INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Stacy L Earnest

9/4/20
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 APR 20 AM 11:13

RECEIVED
98 APR 20 AM 10:38
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACTION BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACTION BUSINESS IN THE
STATE OF FLORIDA:

1. Balanced Care at Pensacola, Inc.

(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Delaware

(State or country under the law of which it is incorporated)

3. 25-1807303

(FEI number, if applicable)

4. March 9, 1998

(Date of Incorporation)

5. perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. anticipate transacting business May 4 1998

(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.)

7. 5021 Louise Drive, Suite 200

Mechanicsburg, PA 17055

(Current mailing address)

8. own, operate, and manage an adult congregate living facility

(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida, 32301
(Zip Code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Corporation Service Company

By: Carol K. DeLoe
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

12. Names and addresses of officers and/or directors: (Street address ONLY- P.O. Box NOT acceptable)

A. DIRECTORS (Street address only- P.O. Box NOT acceptable)

Chairman: Brad E. Hallinger, Sole Director

Address: 5021 Louise Drive, Suite 200
Mechanicsburg, PA 17055

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 APR 20 AM 11:14

B. OFFICERS (Street address only- P.O. Box NOT acceptable)

President: Stephen G. Marcus

Vice President: Brian L. Barth

Vice President: Russell A. DiGillio

Vice President and Assistant Secretary: Robert J. Sutton

Address: _____

Secretary: Robin L. Barber

Address: _____

Assistant Secretary: Karen N. Connelly

Treasurer: Mark J. Moore

Address: of all officers: 5021 Louise Drive, Suite 200,
Mechanicsburg, PA 17055

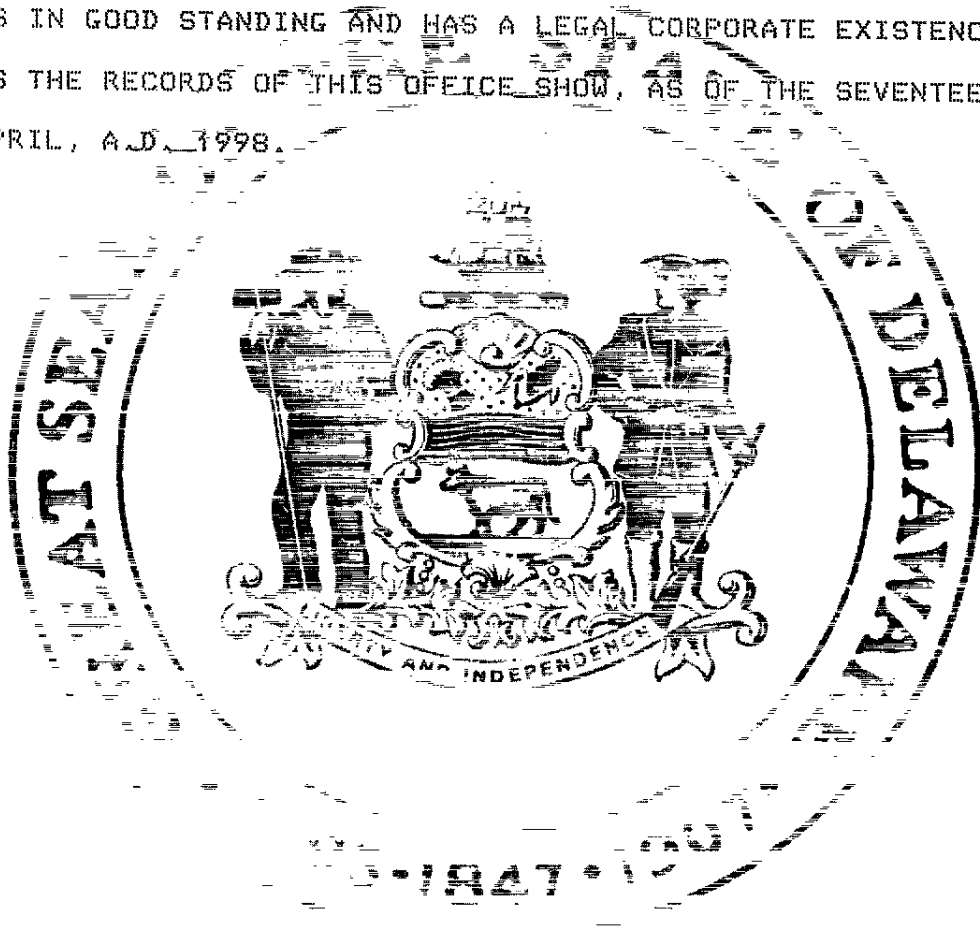
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Robin L. Barber
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application.)

14. Robin L. Barber, Secretary
(Typed or printed name and capacity of person signing application)

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BALANCED CARE AT PENSACOLA, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTEENTH DAY OF APRIL, A.D. 1998.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 APR 20 AM 11:14

Edward J. Freel

Edward J. Freel, Secretary of State



2868589 8300
981146218

AUTHENTICATION: 9031227
DATE: 04-17-98