

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90053 037 ***150.00

DOCUMENT # F98000002207

1. Entity Name

BALANCED CARE AT PENSACOLA, INC.

Principal Place of Business

5021 LOUISE DR., STE. 200
 MECHANICSBURG PA 17055

Mailing Address

5021 LOUISE DR., STE. 200
 MECHANICSBURG PA 17055-4894

2. Principal Place of Business

3310 Abbie Lane

Suite, Apt. #, etc.

3. Mailing Address

1215 Manor Drive

Suite, Apt. #, etc.

City & State

Pensacola, FL

City & State

Mechanicsburg PA

Zip

32514

Country

USA

Zip

17055

Country

USA

4. FEI Number

25-1807303

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **CD** Delete

NAME **HOLLINGER, BRAD E**
 STREET ADDRESS **5021 LOUISE DR., STE. 200 1215 Manor Dr.**
 CITY-ST-ZIP **MECHANICSBURG PA 17055**

TITLE **P** Delete

NAME **MARCUS, STEPHEN G**
 STREET ADDRESS **5021 LOUISE DR., STE. 200**
 CITY-ST-ZIP **MECHANICSBURG PA 17055**

TITLE **V** Delete

NAME **BART, BRIAN L**
 STREET ADDRESS **5021 LOUISE DR., STE. 200**
 CITY-ST-ZIP **MECHANICSBURG PA 17055**

TITLE **V** Delete

NAME **DIGILLIO, RUSSELL A**
 STREET ADDRESS **5021 LOUISE DR., STE. 200**
 CITY-ST-ZIP **MECHANICSBURG PA 17055**

TITLE **AS** Delete

NAME **SUTTON, ROBERT J**
 STREET ADDRESS **5021 LOUISE DR., STE. 200 1215 Manor Dr.**
 CITY-ST-ZIP **MECHANICSBURG PA 17055**

TITLE **S** Delete

NAME **BARBER, ROBIN L**
 STREET ADDRESS **5021 LOUISE DR., STE. 200 1215 Manor Dr.**
 CITY-ST-ZIP **MECHANICSBURG PA 17055**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President (P)** Change Addition

NAME **Gary W. Anderson**
 STREET ADDRESS **1215 Manor Dr.**
 CITY-ST-ZIP **Mechanicsburg PA 17055**

TITLE **Treasurer (T)** Change Addition

NAME **Diane Berger**
 STREET ADDRESS **1215 Manor Dr**
 CITY-ST-ZIP **Mechanicsburg, PA 17055**

TITLE Change Addition

NAME Change Addition

TITLE Change Addition

NAME Change Addition

TITLE Change Addition

NAME Change Addition

TITLE Change Addition

NAME Change Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Diane M. Berger **Diane M. Berger** 2-21-00 717-796-6100
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR20004 (9/99)