


FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90244 010 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F98000002207			
1. Entity Name BALANCED CARE AT PENSACOLA, INC.			
Principal Place of Business 2310 ABBIE LANE PENSACOLA, FL 32514 US		Mailing Address 1215 MANOR DRIVE MECHANICSBURG, PA 17055 US	
2. Principal Place of Business 1215 Manor Drive Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Mechanicsburg, PA		City & State	
Zip 17055	Country USA	Zip	Country
4. FEI Number 25-1807303		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when necessary)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution: <input type="checkbox"/> Added to Fees <input checked="" type="checkbox"/>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
T NAME: BORGER, DIANE STREET ADDRESS: 1215 MANOR DR CITY-ST-ZIP: MECHANICSBURG, PA 17055	<input type="checkbox"/> Delete	TITLE: President / Director NAME: Jimmy L. Fields STREET ADDRESS: 1215 Manor Drive CITY-ST-ZIP: Mechanicsburg, PA 17055	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
AS NAME: SUTTON, ROBERT J STREET ADDRESS: 1215 MANOR DR CITY-ST-ZIP: MECHANICSBURG, PA 17055	<input checked="" type="checkbox"/> Delete	TITLE: Vice-President NAME: R. Fredric Zullinger STREET ADDRESS: 1215 Manor Drive CITY-ST-ZIP: Mechanicsburg, PA 17055	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
S NAME: BARBER, ROBIN L STREET ADDRESS: 1215 MANOR DR CITY-ST-ZIP: MECHANICSBURG, PA 17055	<input type="checkbox"/> Delete	TITLE: Vice-President NAME: Sandy Lauder STREET ADDRESS: 1215 Manor Drive CITY-ST-ZIP: Mechanicsburg, PA 17055	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
PD NAME: RICHARDSON, RICHARD D STREET ADDRESS: 1215 MANOR DR. CITY-ST-ZIP: MECHANICSBURG, PA 17055	<input checked="" type="checkbox"/> Delete	TITLE: Vice-President NAME: Sandy Lauder STREET ADDRESS: 1215 Manor Drive CITY-ST-ZIP: Mechanicsburg, PA 17055	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 treasurer or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>[Signature]</i>		Date: 4-29-03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

CR2E034 (10/02)