

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90086 023 ***150.00

DOCUMENT # F98000002207
 1. Entity Name
 BALANCED CARE AT PENSACOLA, INC.



Principal Place of Business Mailing Address
 1215 MANOR DRIVE 1215 MANOR DRIVE
 MECHANICSBURG, PA 17055 US MECHANICSBURG, PA 17055 US

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country



04202004 Chg-P CR2E034 (10/03)

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
T NAME: BORGER, DIANE STREET ADDRESS: 1215 MANOR DR CITY-ST-ZIP: MECHANICSBURG, PA 17055	<input type="checkbox"/> Delete
V NAME: LAUDER, SANDY STREET ADDRESS: 1215 MANOR DR CITY-ST-ZIP: MECHANICSBURG, PA 17055	<input type="checkbox"/> Delete
S NAME: BARBER, ROBIN L STREET ADDRESS: 1215 MANOR DR CITY-ST-ZIP: MECHANICSBURG, PA 17055	<input checked="" type="checkbox"/> Delete
PD NAME: FIELDS, JIMMY L STREET ADDRESS: 1215 MANOR DR CITY-ST-ZIP: MECHANICSBURG, PA 17055	<input type="checkbox"/> Delete
V NAME: ZULLINGER, R. FREDRIC STREET ADDRESS: 1215 MANOR DR CITY-ST-ZIP: MECHANICSBURG, PA 17055	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
V/T/S NAME: Borger, Diane M. STREET ADDRESS: 1215 Manor Drive CITY-ST-ZIP: Mechanicsburg, PA 17055	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
V/Asst. Sec. NAME: Zullinger, R. Fredric STREET ADDRESS: 1215 Manor Drive CITY-ST-ZIP: Mechanicsburg, PA 17055	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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 receiver 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: *Diane M. Borger* 4/21/04 _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #