


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 08:00 AM
Secretary of State

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



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



04182005 No Chg-P CR2E034 (10/03)

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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

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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, 2005 Fee will be \$550.00
9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
1100000344442
04/29/05-80138-002 150.00

10. OFFICERS AND DIRECTORS

TITLE	VTS
NAME	BORGER, DIANE
STREET ADDRESS	1215 MANOR DR
CITY-ST-ZIP	MECHANICSBURG, PA 17055
TITLE	V
NAME	LAUDER, SANDY
STREET ADDRESS	1215 MANOR DR
CITY-ST-ZIP	MECHANICSBURG, PA 17055
TITLE	PD
NAME	FIELDS, JIMMY L
STREET ADDRESS	1215 MANOR DR
CITY-ST-ZIP	MECHANICSBURG, PA 17055
TITLE	VAS
NAME	ZULLINGER, R. FREDRIC
STREET ADDRESS	1215 MANOR DR
CITY-ST-ZIP	MECHANICSBURG, PA 17055
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Diane Borger 4/19/05 717-796-61
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #