

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000002209

1. Entity Name

BALANCED CARE AT TALLAHASSEE, INC. ✓

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90031 032 ***550.00

Principal Place of Business

~~5021 LOUISE DR., STE. 200
 MECHANICSBURG PA 17055~~
 1215 Manor Drive
 Mechanicsburg PA 17055

Mailing Address

~~5021 LOUISE DR., STE. 200
 MECHANICSBURG PA 17055~~
 1215 Manor Drive
 Mechanicsburg PA 17055

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

25-1807169

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CD	<input type="checkbox"/> Delete
NAME	HOLLINGER, BRAD E	
STREET ADDRESS	5021 LOUISE DR., STE. 200	
CITY-ST-ZIP	MECHANICSBURG PA 17055	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MARCUS, STEPHEN G	
STREET ADDRESS	5021 LOUISE DR., STE. 200	
CITY-ST-ZIP	MECHANICSBURG PA 17055	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BARTH, BRIAN L	
STREET ADDRESS	5021 LOUISE DR., STE. 200	
CITY-ST-ZIP	MECHANICSBURG PA 17055	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	DIGILLIO, RUSSEL A	
STREET ADDRESS	5021 LOUISE DR., STE. 200	
CITY-ST-ZIP	MECHANICSBURG PA 17055	
TITLE	AS	<input type="checkbox"/> Delete
NAME	SUTTON, ROBERT J	
STREET ADDRESS	5021 LOUISE DR., STE. 200	
CITY-ST-ZIP	MECHANICSBURG PA 17055	
TITLE	S	<input type="checkbox"/> Delete
NAME	BARBER, ROBIN	
STREET ADDRESS	5021 LOUISE DR., STE. 200	
CITY-ST-ZIP	MECHANICSBURG PA 17055	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1215 Manor Drive	
CITY-ST-ZIP	MECHANICSBURG PA 17055	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gary Anderson	
STREET ADDRESS	1215 Manor Drive	
CITY-ST-ZIP	MECHANICSBURG PA 17055	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Clint Fegan	
STREET ADDRESS	1215 Manor Drive	
CITY-ST-ZIP	MECHANICSBURG PA 17055	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robin Barber	
STREET ADDRESS	1215 Manor Drive	
CITY-ST-ZIP	MECHANICSBURG PA 17055	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Diane Berger	
STREET ADDRESS	1215 Manor Drive	
CITY-ST-ZIP	MECHANICSBURG PA 17055	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1215 Manor Drive	
CITY-ST-ZIP	MECHANICSBURG PA 17055	

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:

(Signature)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-20-00 717-796-6100
 Date Daytime Phone #

CR2E034 (5/00)