

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90038 040 \*\*\*150.00

DOCUMENT # **F98000002209**

1. Entity Name  
**BALANCED CARE AT TALLAHASSEE, INC.**

Principal Place of Business

**1215 MANOR DRIVE  
 MECHANICSBURG PA 17055**

Mailing Address

**1215 MANOR DRIVE  
 MECHANICSBURG PA 17055**

2. Principal Place of Business

**3223 Fleischmann Rd**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**Tallahassee FL**

City & State

4. FEI Number **25-1807169**

Applied For

Not Applicable

Zip **32308**

Country

Zip

Country

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 \_\_\_\_\_ (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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
CD	HOLLINGER, BRAD E	5021 LOUISE DR., STE. 200	MECHANICSBURG PA 17055	<input type="checkbox"/>
P	MARCUS, STEPHEN G	5021 LOUISE DR., STE. 200	MECHANICSBURG PA 17055	<input checked="" type="checkbox"/>
V	BARTH, BRIAN L	5021 LOUISE DR., STE. 200	MECHANICSBURG PA 17055	<input checked="" type="checkbox"/>
V	DIGILLO, RUSSEL A	5021 LOUISE DR., STE. 200	MECHANICSBURG PA 17055	<input checked="" type="checkbox"/>
AS	SUTTON, ROBERT J	5021 LOUISE DR., STE. 200	MECHANICSBURG PA 17055	<input type="checkbox"/>
S	BARBER, ROBIN	5021 LOUISE DR., STE. 200	MECHANICSBURG PA 17055	<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
		1215 Manor Drive	Mechanicsburg Pa 17055	<input type="checkbox"/>	<input type="checkbox"/>
President	Gary Anderson	1215 Manor Drive	Mechanicsburg Pa 17055	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vice President	Clint Fegan	1215 Manor Drive	Mechanicsburg Pa 17055	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Treasurer	Diane M. Berger	1215 Manor Drive	Mechanicsburg Pa 17055	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		1215 Manor Drive	Mechanicsburg Pa 17055	<input type="checkbox"/>	<input type="checkbox"/>
		1215 Manor Drive	Mechanicsburg Pa 17055	<input type="checkbox"/>	<input type="checkbox"/>

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  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-01 717-796-6100  
 Date Daytime Phone #

CR2E034 (10/00)