


05-02-2003 90244 011 ***150.00

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

DOCUMENT # F98000002209		
1. Entity Name BALANCED CARE AT TALLAHASSEE, INC.		
Principal Place of Business 3223 FLEISCHMANN RD TALLAHASSEE, FL 32308		Mailing Address 1215 MANOR DRIVE MECHANICSBURG, PA 17055
2. Principal Place of Business 1215 Manor Drive		3. Mailing Address Suite, Apt. #, etc.
City & State Mechanicsburg, PA		4. FEI Number 25-1807169
Zip 17055		Country USA
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable
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
B. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$160.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE: PD <input checked="" type="checkbox"/> Delete NAME: RICHARDSON, RICHARD D STREET ADDRESS: 1215 MANOR DRIVE CITY-ST-ZIP: MECHANICSBURG, PA 17055	TITLE: President/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: Jimmy L. Fields STREET ADDRESS: 1215 Manor Drive CITY-ST-ZIP: Mechanicsburg, PA 17055	
TITLE: T <input type="checkbox"/> Delete NAME: BORGER, DIANE M STREET ADDRESS: 1215 MANOR DRIVE CITY-ST-ZIP: MECHANICSBURG, PA 17055	TITLE: Vice-President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: R. Fredric Zullinger STREET ADDRESS: 1215 Manor Drive CITY-ST-ZIP: Mechanicsburg, PA 17055	
TITLE: AS <input checked="" type="checkbox"/> Delete NAME: SUTTON, ROBERT J STREET ADDRESS: 1215 MANOR DRIVE CITY-ST-ZIP: MECHANICSBURG, PA 17055	TITLE: Vice-President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: Sandy Lauder STREET ADDRESS: 1215 Manor Drive CITY-ST-ZIP: Mechanicsburg, PA 17055	
TITLE: S <input type="checkbox"/> Delete NAME: BARBER, ROBIN STREET ADDRESS: 1215 MANOR DRIVE CITY-ST-ZIP: MECHANICSBURG, PA 17055	TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: _____ <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
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: <u>Diane M. Borger</u>		DATE: <u>4-29-03</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>DATE</small>

CR2E034 (10/02)