
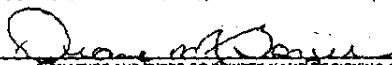


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		1100000344442 04/29/05-80138-002 150.00
TITLE	VTB	DO NOT WRITE IN THIS SPACE
NAME	BORGER, DIANE	
STREET ADDRESS	1215 MANOR DR	
CITY- ST- ZIP	MECHANICSBURG, PA 17055	
TITLE	V	
NAME	LAUDER, SANDY	
STREET ADDRESS	1215 MANOR DR	DO NOT WRITE IN THIS SPACE
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	DO NOT WRITE IN THIS SPACE
NAME	ZULLINGER, R. FREDRIC	
STREET ADDRESS	1215 MANOR DR	
CITY- ST- ZIP	MECHANICSBURG, PA 17055	
TITLE		
NAME		
STREET ADDRESS		DO NOT WRITE IN THIS SPACE
CITY- ST- ZIP		
TITLE		
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)(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: 		4/19/05 717-796-61
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #