



# F98000002209

ACCOUNT NO. : 072100000032

REFERENCE : 784268 7112202

AUTHORIZATION :

COST LIMIT : \$ 70.00

ORDER DATE : April 16, 1998

ORDER TIME : 9:54 AM

ORDER NO. : 784268-010

CUSTOMER NO: 7112202

CUSTOMER: Lorie Taylor, Legal Asst  
Balanced Care Corporation  
Suite 200  
5021 Louise Drive  
Mechanicsburg, PA 17055

300002493123--7

FOREIGN FILINGS

NAME: BALANCED CARE AT TALLAHASSEE,  
INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Stacy L Earnest

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 APR 20 AM 11:24

RECEIVED  
98 APR 20 AM 10:37  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32304

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS  
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACTION BUSINESS IN THE  
STATE OF FLORIDA:**

1. Balanced Care at Tallahassee, Inc.

(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Delaware

(State or country under the law of which it is incorporated)

3. 25-1807169

(FEI number, if applicable)

4. March 6, 1998

(Date of Incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Anticipate transacting business May of 1998

(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.)

7. 5021 Louise Drive, Suite 200

Mechanicsburg, PA 17055

(Current mailing address)

8. own, operate, and manage an adult congregate living facility

(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee

, Florida,

32301

(Zip Code)

**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Corporation Service Company

By: Coral K. Deen

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address ONLY- P.O. Box NOT acceptable)

A. DIRECTORS (Street address only- P.O. Box NOT acceptable)

Chairman: Brad E. Hollinger, Sde Director

Address: 5021 Louise Drive, Suite 200  
Mechanicsburg, PA 17055

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS (Street address only- P.O. Box NOT acceptable)

President: Stephen G. Marcus

Address: Vice President: Brian L. Barth

Vice President: Russell A. DiGillio

Vice President and Assistant Secretary: Robert J. Sutton

Address: \_\_\_\_\_

Secretary: Robin L. Barber

Address: Assistant Secretary: Karen N. Connelly

Treasurer: Mark S. Moore

Address: of all officers: 5021 Louise Drive, Suite 200,  
Mechanicsburg, PA 17055

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. \_\_\_\_\_

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application.)

14. \_\_\_\_\_

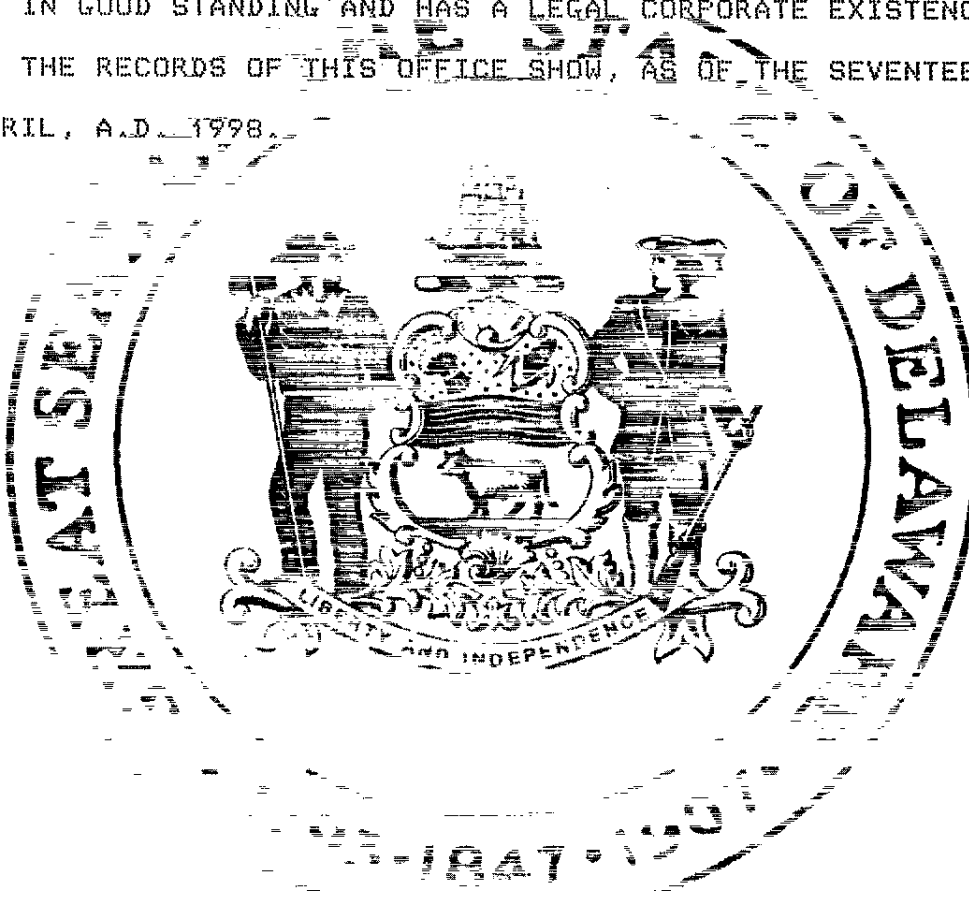
Robin L. Barber, Secretary

(Typed or printed name and capacity of person signing application)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 APR 20 AM 11:24

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "BALANCED CARE AT TALLAHASSEE, INC."  
IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND  
IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR  
AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTEENTH DAY OF  
APRIL, A.D. 1998.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 APR 20 AM 11:24



*Edward J. Freel*

Edward J. Freel, Secretary of State

2868591 8300

981146219

AUTHENTICATION:

9031230

DATE:

04-17-98