

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000002209

1. Entity Name

BALANCED CARE AT TALLAHASSEE, INC.

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

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

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  
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Tallahassee FL

City & State

Zip 32308

Country

Zip

Country

4. FEI Number 25-1807169

Applied For

Not Applicable

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

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 \$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 CD  
NAME HOLLINGER, BRAD E  
STREET ADDRESS 5021 LOUISE DR., STE. 200  
CITY-ST-ZIP MECHANICSBURG PA 17055 ☐ Delete

TITLE P  
NAME MARCUS, STEPHEN G  
STREET ADDRESS 5021 LOUISE DR., STE. 200  
CITY-ST-ZIP MECHANICSBURG PA 17055 ☒ Delete

TITLE V  
NAME BARTH, BRIAN L  
STREET ADDRESS 5021 LOUISE DR., STE. 200  
CITY-ST-ZIP MECHANICSBURG PA 17055 ☒ Delete

TITLE V  
NAME DIGILLIO, RUSSEL A  
STREET ADDRESS 5021 LOUISE DR., STE. 200  
CITY-ST-ZIP MECHANICSBURG PA 17055 ☒ Delete

TITLE AS  
NAME SUTTON, ROBERT J  
STREET ADDRESS 5021 LOUISE DR., STE. 200  
CITY-ST-ZIP MECHANICSBURG PA 17055 ☐ Delete

TITLE S  
NAME BARBER, ROBIN  
STREET ADDRESS 5021 LOUISE DR., STE. 200  
CITY-ST-ZIP MECHANICSBURG PA 17055 ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS 1215 Manor Drive  
CITY-ST-ZIP Mechanicsburg Pa 17055 ☐ Change ☐ Addition

TITLE President  
NAME Gary Anderson  
STREET ADDRESS 1215 Manor Drive  
CITY-ST-ZIP Mechanicsburg Pa 17055 ☒ Change ☐ Addition

TITLE Vice President  
NAME Clint Fegan  
STREET ADDRESS 1215 Manor Drive  
CITY-ST-ZIP Mechanicsburg Pa 17055 ☒ Change ☐ Addition

TITLE Treasurer  
NAME Diane M. Berger  
STREET ADDRESS 1215 Manor Drive  
CITY-ST-ZIP Mechanicsburg Pa 17055 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS 1215 Manor Drive  
CITY-ST-ZIP Mechanicsburg Pa 17055 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS 1215 Manor Drive  
CITY-ST-ZIP Mechanicsburg Pa 17055 ☐ Change ☐ Addition

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

Date

717-796-6100

Daytime Phone #

CR2E034 (10/00)