2002 UNIFORM BUSINESS REPORT (UBR)

1215 MANOR DRIVE

MECHANICSBURG PA 17055

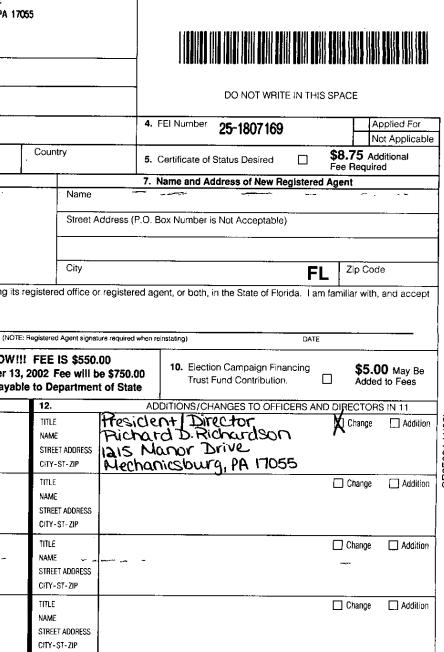
F98000002209 DOCUMENT # 1. Entity Name BALANCED CARE AT TALLAHASSEE, INC. Principal Place of Business Mailing Address

Signature, typed or printed name of registered agent and title if applicable.

3223 FLEISCHMANN RD TALLAHASSEE FL 32308

FILED Sep 12, 2002 8:00 am Secretary of State

09-12-2002 90084 013 ***550.00



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2. Principal Place of Business Suite, Apt. #, etc. City & State		3. Mailing Address	S				
		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
		City & State	City & State		4. FEI Number 25-1807169 Applied For		
					Not Applicable		
Zip	Country	Zip Country		'n	5. Certificate of Status Desired S8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CORPORATION SERVICE COMPANY				Name			
1201 HAYS S				Street Address (P.O. Box Number is Not Acceptable)			
TALLAHASSE	E FL 32301-2525						
				City	FL Zip Code		
 The above name the obligations 	ed entity submits this statement of registered agent.	ent for the purpose of chang	ging its registered	d office or regi	gistered agent, or both, in the State of Florida. I am familiar with, and accep	ť	

FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CD . tresident Director Richard D. Richardson TITLE Delete TITLE HOLLINGER, BRAD E NAME NAME 1215 MANOR DRIVE 1215 Manor Drive STREET ADDRESS STREET ADDRESS **MECHANICSBURG PA 17055** CITY-ST-ZIP CITY-ST-ZIP Mechanicsburg, PA 17055 TITLE Delete TITLE ANDERSON, GARY NAME 1215 MANOR DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MECHANICSBURG PA 17055** CITY-ST-ZIP TITLE Delete NAME FEGAN, CLINT- --NAME STREET ADDRESS 1215 MANOR DRIVE STREET ADDRESS CITY-ST-ZIP **MECHANICSBURG PA 17055** CITY-ST-ZIP TITLE ☐ Delete TITLE BORGER, DIANE M NAME 1215 MANOR DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MECHANICSBURG PA 17055** CITY-ST-ZIP AS TITLE Delete ☐ Change ☐ Addition SUTTON, ROBERT J NAME 1215 MANOR DRIVE STREET ADDRESS STREET ADDRESS **MECHANICSBURG PA 17055** CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition BARBER, ROBIN NAME NAME 1215 MANOR DRIVE STREET ADDRESS STREET ADDRESS

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. with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

MECHANICSBURG PA 17055

Daytime Phone #