


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90147 016 \*\*\*150.00

<b>DOCUMENT # F98000002209</b> 1. Entity Name <b>BALANCED CARE AT TALLAHASSEE, INC.</b>					
Principal Place of Business <b>1215 MANOR DRIVE MECHANICSBURG, PA 17055</b>			Mailing Address <b>1215 MANOR DRIVE MECHANICSBURG, PA 17055</b>		
2. Principal Place of Business - No P.O. Box # <b>9510 Ormsby Station Rd.</b>		3. Mailing Address <b>9510 Ormsby Station Rd.</b>			
Suite, Apt. #, etc. <b>Ste 101</b>		Suite, Apt. #, etc. <b>Ste 101</b>			
City & State <b>Louisville, KY</b>		City & State <b>Louisville, KY</b>			
Zip <b>40223</b>		Country <b>U.S.</b>		Zip <b>40223</b>	
Country <b>U.S.</b>		Country <b>U.S.</b>			
4. FEI Number <b>25-1807169</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MULLOY, W. PATRICK 1215 MANOR DRIVE MECHANICSBURG, PA 17055 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div> <b>9510 Ormsby Station Rd, Ste 101 Louisville, KY 40223</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTAS BORGER, DIANE M 1215 MANOR DRIVE MECHANICSBURG, PA 17055 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ZULLINGER, FREDRIC R 1215 MANOR DRIVE MECHANICSBURG, PA 17055 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BARBER, ROBIN L 1215 MANOR DR MECHANICSBURG, PA 17055 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div> <b>9510 Ormsby Station Rd, Ste 101 Louisville, KY 40223</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div> <b>V J. Timothy Wesley 9510 Ormsby Station Rd, Ste 101 Louisville, KY 40223</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>Robin L. Barber</u> <b>Robin L. Barber</b> <u>4/25/08</u> <u>502-753-6004</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					