

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jun 01, 1999 8:00 am**  
**Secretary of State**

06-01-1999 90027 025 \*\*\*150.00

**DOCUMENT # F98000002462**

1. Corporation Name

**BALANCED CARE AT ELFERS, INC.**

Principal Place of Business

**5021 LOUISE DR., STE. 200  
MCHANICSBURG PA 17055**

Mailing Address

**5021 LOUISE DR., STE. 200  
MCHANICSBURG PA 17055**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/30/1998**

4. FEI Number

**25-1808383**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip

Country

**28** Zip

Country

**24**

**25**

**29**

**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City

**FL**

**85** Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **CD**  
STREET ADDRESS **HOLLINGER, BRAD E**  
CITY-ST-ZIP **5021 LOUISE DR., STE. 200  
MCHANICSBURG PA 17055**

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **P**  
STREET ADDRESS **MARCUS, STEPHEN G**  
CITY-ST-ZIP **5021 LOUISE DR., STE. 200  
MCHANICSBURG PA 17055**

1.2 NAME

TITLE ☐ DELETE

NAME **V**  
STREET ADDRESS **DIGILIO, RUSSELL A**  
CITY-ST-ZIP **5021 LOUISE DR., STE. 200  
MCHANICSBURG PA 17055**

1.3 STREET ADDRESS

TITLE ☐ DELETE

NAME **VAS**  
STREET ADDRESS **SUTTON, ROBERT J**  
CITY-ST-ZIP **5021 LOUISE DR., STE. 200  
MCHANICSBURG PA 17055**

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **S**  
STREET ADDRESS **BARBER, ROBIN L**  
CITY-ST-ZIP **5021 LOUISE DR., STE. 200  
MCHANICSBURG PA 17055**

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **AS**  
STREET ADDRESS **CONNELLY, KAREN N**  
CITY-ST-ZIP **5021 LOUISE DR., STE. 200  
MCHANICSBURG PA 17055**

2.2 NAME

TITLE ☐ DELETE

NAME **AS**  
STREET ADDRESS **CONNELLY, KAREN N**  
CITY-ST-ZIP **5021 LOUISE DR., STE. 200  
MCHANICSBURG PA 17055**

2.3 STREET ADDRESS

TITLE ☐ DELETE

NAME **AS**  
STREET ADDRESS **CONNELLY, KAREN N**  
CITY-ST-ZIP **5021 LOUISE DR., STE. 200  
MCHANICSBURG PA 17055**

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TITLE ☐ DELETE

NAME **AS**  
STREET ADDRESS **CONNELLY, KAREN N**  
CITY-ST-ZIP **5021 LOUISE DR., STE. 200  
MCHANICSBURG PA 17055**

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **AS**  
STREET ADDRESS **CONNELLY, KAREN N**  
CITY-ST-ZIP **5021 LOUISE DR., STE. 200  
MCHANICSBURG PA 17055**

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TITLE ☐ DELETE

NAME **AS**  
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TITLE ☐ DELETE

NAME **AS**  
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4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **AS**  
STREET ADDRESS **CONNELLY, KAREN N**  
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MCHANICSBURG PA 17055**

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NAME **AS**  
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5.1 TITLE ☐ Change ☐ Addition

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6.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

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MCHANICSBURG PA 17055**

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TITLE ☐ DELETE

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CITY-ST-ZIP **5021 LOUISE DR., STE. 200  
MCHANICSBURG PA 17055**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Mark S. Moore, Jr* 5/27/99 717-794-6274

CR2E034 (1/98)