ACCOUNT NO. :

072100000032

REFERENCE

798360

AUTHORIZATION

COST LIMIT

ORDER DATE: April 28, 1998

ORDER TIME : 10:33 AM

ORDER NO. : 798360-045

CUSTOMER NO: 7112202

CUSTOMER: Lorie Taylor, Legal Asst

Balanced Care Corporation

Suite 200

5021 Louise Drive

Mechanicsburg, PA 17055

900002506619--3

FOREIGN FILINGS

NAME:

BALANCED CARE AT TITUSVILLE.

INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Christopher Smith

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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

1.	Balanced Care	at Titusville	, Inc.		•
	(Name of corporation: must include the abbreviations of like import in language or partnership if not so contained in the	word "INCORPORATED", "CC as will clearly indicate that it is name at present.	MPANY", "CORPORE a corporation inste	RATION" or woread of a natural	ds or person
2.	Delaware		5-180428	}	, , , , , , , , , , , , , , , , , , ,
4.	State or country under the law of whice	th it is incorporated) (FEI r	number, if applicable)	
	(Date of Incorporation)	(Duration: Year oc	rp. will cease to exi	st or "perpetual"	a }
6.		1998		<u>u</u>	DIXI S
		1. See sections 607.1501, 60	7.1502, and 817.15	55, F.S.)	<u> </u>
7.	5021 Louise Dri	ve, Suite 200	.		りに対し
	Mechanics burg,	PA 17055	/		AND
	، ن	(Current mailing address)			<u> </u>
8.	Own operate and (Purpose(s) of corporation authorize	manas ac	lut Congrega	ite living 9	ocally
		or an nome state of country to	be carried out in the	state of Florida	D 1
9.	Name and street address of Flori	da registered agent: (P.O	. Box or Mail Drop	Rox NOT	
	acceptable)	poration Service Company		, 30x <u>113.</u>	
	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: (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. Name NOT	es and addresses of officers and/or directors: (Street address ONLY-P.O. B					
A. DIRE	CTORS (Street address only- P.O. Box NOT acceptable)	OX.				
Chairman:	Brad F. Hollinger - Sole Director					
Address:	5021 Lause Drive, ste 200, Mechanicabium,	PA I	<u> 105</u>			
Vice Chairr	nan:	 -				
Address:			<u> </u>			
Director:						
Address:						
Director:		<u> </u>	*			
Address:			·`			
B. OFFICE	RS (Street address only- P.O. Box NOT acceptable)	98 /PR	SECRE			
	Stephen G. Marous	30	TARY OF OF COURT			
Vice Presider	H: Brian L. Barth		<u> </u>			
	it: Pussell A. DiGilio	-	Allow (
	stant secretary: Mobert J. Sutton					
Secretary: T	Dobin L. Barber					
asistant secreta Treasurer: 1	nark S. Moore	, ,				
Address:	5021 Louise Drive, Suite 200					
of all officers:	Menhanicsburg PA 17055					
NOTE: If necessand/or director	essary, you may attach an addendum to the application listing additional officers	•				
13.	Rolen & Barber	-				
14	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the applican	ion.)				
47. <u></u>	(Typed or printed name and capacity of persons signing and included)					

State of Delaware

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "BALANCED CARE AT TITUSVILLE, 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 TWENTY-NINTH DAY

OF APRIL. A.D. 1998.



98 APR 30 PM 1: 07

Edward J. Freel, Secretary of State

AUTHENTICATION:

9053012

981163786

8300

2880799

DATE:

04-29-98