



THE UNITED STATES CORPORATION COMPANY

980000007077

ACCOUNT NO. : 072100000032

REFERENCE : 079689 7112202

AUTHORIZATION :

COST LIMIT :

*Paterson Project*  
\$70.00

ORDER DATE : December 28, 1998

ORDER TIME : 11:57 AM

ORDER NO. : 079689-005

CUSTOMER NO: 7112202

500002725325--E

CUSTOMER: Ms. Dione Robinette  
Balanced Care Corporation  
5021 Louise Drive  
Suite 200  
Mechanicsburg, PA 17055

FOREIGN FILINGS

NAME: BALANCED CARE AT JACKSONVILLE, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson

RECEIVED

DEC 29 PM 1:23

DEPARTMENT OF CORPORATION

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

98 DEC 29 PM 3:55

FILED

*HL 12/29*

**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 Jacksonville, Inc.  
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Delaware 3. applied for  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 8/13/98 5. Perpetual  
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. anticipates January, 1999  
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.)

7. 5021 Louise Drive, Suite 200  
Mechanicsburg, PA 17055  
(Current mailing address)

8. to own, operate and/or manage adult congregate living facilities  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida, 32301  
(Zip Code)

FILED  
98 DEC 29 PM 3:55  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**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: [Signature]  
(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. Names and addresses of officers and/or directors: (Street address ONLY- P.O. Box NOT acceptable)

A. DIRECTORS (Street address only- P.O. Box NOT acceptable)

Chairman: See attachment A  
Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_  
Address: \_\_\_\_\_

Director: \_\_\_\_\_  
Address: \_\_\_\_\_

Director: \_\_\_\_\_  
Address: \_\_\_\_\_

B. OFFICERS (Street address only- P.O. Box NOT acceptable)

President: See attachment B  
Address: \_\_\_\_\_

Vice President: \_\_\_\_\_  
Address: \_\_\_\_\_

Secretary: \_\_\_\_\_  
Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_  
Address: \_\_\_\_\_

98 DEC 29 PM 3:55  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Stephen G. Marcus  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application.)

14. Stephen G. Marcus, President  
(Typed or printed name and capacity of person signing application)

**Attachment A**

Name: Brad E. Hollinger  
Title: Sole Director  
Address: 5021 Louise Drive, Suite 200  
Mechanicsburg, PA 17055

**FILED**  
98 DEC 29 PM 3:55  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**Attachment B**

**Name:** Stephen G. Marcus  
**Title:** President  
**Address:** 5021 Louise Drive, Suite 200  
Mechanicsburg, PA 17055

**Name:** Brian L. Barth  
**Title:** Vice President  
**Address:** 5021 Louise Drive, Suite 200  
Mechanicsburg, PA 17055

**Name:** Russell A. DiGillio  
**Title:** Vice President  
**Address:** 5021 Louise Drive, Suite 200  
Mechanicsburg, PA 17055

**Name:** Robert J. Sutton  
**Title:** Vice President and Assistant Secretary  
**Address:** 5021 Louise Drive, Suite 200  
Mechanicsburg, PA 17055

**Name:** Robin L. Barber  
**Title:** Secretary  
**Address:** 5021 Louise Drive, Suite 200  
Mechanicsburg, PA 17055

**Name:** Mark Moore  
**Title:** Treasurer  
**Address:** 5021 Louise Drive, Suite 200  
Mechanicsburg, PA 17055

**Name:** Karen N. Connelly  
**Title:** Assistant Secretary  
**Address:** 5021 Louise Drive, Suite 200  
Mechanicsburg, PA 17055

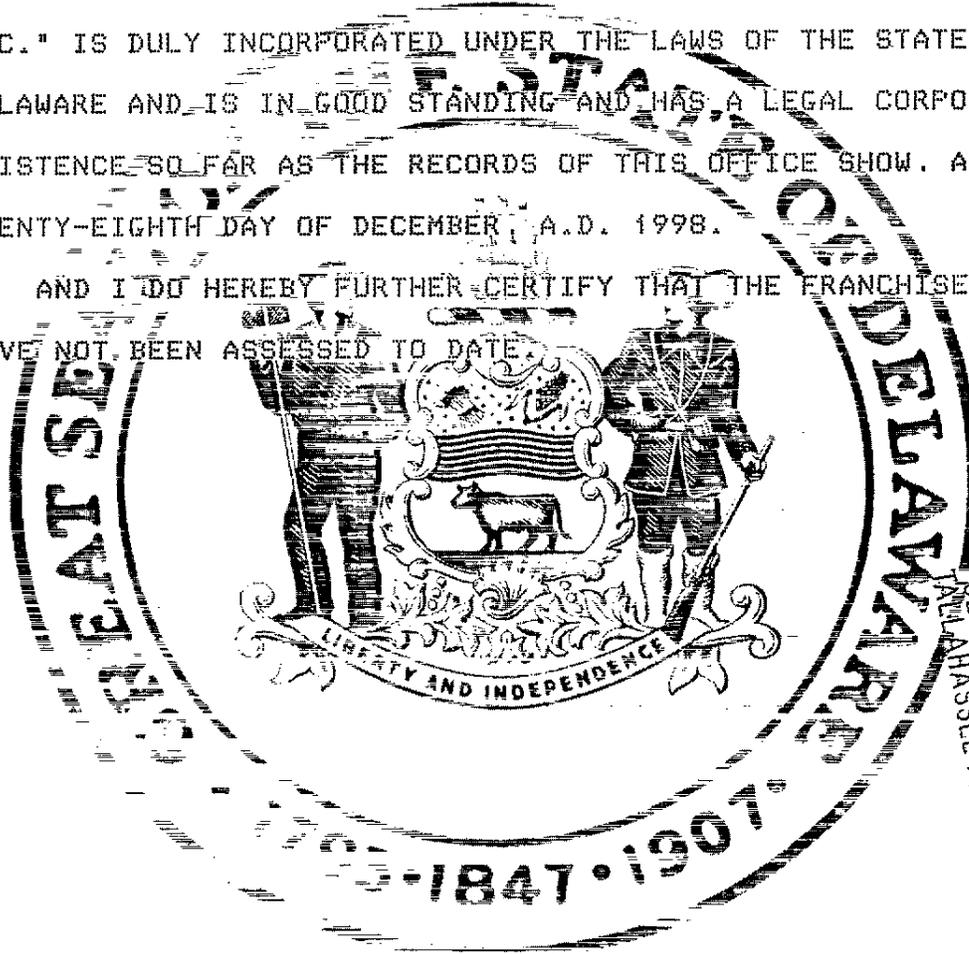
**FILED**  
98 DEC 29 PM 3:55  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

State of Delaware  
Office of the Secretary of State

PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BALANCED CARE AT JACKSONVILLE, 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-EIGHTH DAY OF DECEMBER, A.D. 1998.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.



FILED  
98 DEC 29 PM 3:55  
SECRETARY OF STATE  
PAUL HASSEY FLORIDA

*Edward J. Freel*

Edward J. Freel, Secretary of State



AUTHENTICATION:

2933699 8300

DATE:

9488302

981502108

12-28-98