

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

**DOCUMENT # F98000007077**

1. Corporation Name

**BALANCED CARE AT JACKSONVILLE, INC.**

Principal Place of Business

5021 LOUISE DRIVE, SUITE 200  
MECHANICSBURG PA 17055

Mailing Address

5021 LOUISE DRIVE, SUITE 200  
MECHANICSBURG PA 17055

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

06-01-1999 90027 034 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/29/1998**

4. FEI Number

**APPLIED FOR 25-1822581**

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

☐ DELETE

TITLE **D**  
NAME **HOLLINGER, BRAD E**  
STREET ADDRESS **5021 LOUISE DRIVE, SUITE 200**  
CITY-ST-ZIP **MECHANICSBURG PA 17055**

TITLE **P**  
NAME **MARCUS, STEPHEN G**  
STREET ADDRESS **5021 LOUISE DRIVE, SUITE 200**  
CITY-ST-ZIP **MECHANICSBURG PA 17055**

TITLE **V**  
NAME **BARTH, BRIAN L**  
STREET ADDRESS **5021 LOUISE DRIVE, SUITE 200**  
CITY-ST-ZIP **MECHANICSBURG PA 17055**

TITLE **V**  
NAME **DIGILLO, RUSSELL A**  
STREET ADDRESS **5021 LOUISE DRIVE, SUITE 200**  
CITY-ST-ZIP **MECHANICSBURG PA 17055**

TITLE **VAS**  
NAME **SUTTON, ROBERT J**  
STREET ADDRESS **5021 LOUISE DRIVE, SUITE 200**  
CITY-ST-ZIP **MECHANICSBURG PA 17055**

TITLE **S**  
NAME **BARBER, ROBIN L**  
STREET ADDRESS **5021 LOUISE DRIVE, SUITE 200**  
CITY-ST-ZIP **MECHANICSBURG PA 17055**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Mark S. RMO*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/27/99

Date

717-796-6274

Daytime Phone #

CR2E034 (1/98)