

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2004 8:00 am**  
**Secretary of State**

04-27-2004 90086 022 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                             |                                            |                                                                                                                        |                                                                                                                                          |                                                                                                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|--------------------------------------------|------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # F98000002209</b><br>1. Entity Name<br><b>BALANCED CARE AT TALLAHASSEE, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                             |                                            |                                                                                                                        |                                                         |                                                                                                                                                                    |
| Principal Place of Business<br><b>1215 MANOR DRIVE<br/>MECHANICSBURG, PA 17055</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                             |                                            | Mailing Address<br><b>1215 MANOR DRIVE<br/>MECHANICSBURG, PA 17055</b>                                                 |                                                                                                                                          |                                                                                                                                                                    |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                             |                                            | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                                                          |                                                                                                                                          |                                                                                                                                                                    |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                             |                                            | City & State                                                                                                           |                                                                                                                                          |                                                                                                                                                                    |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                             | Country                                    |                                                                                                                        | Zip                                                                                                                                      |                                                                                                                                                                    |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                             | Country                                    |                                                                                                                        | 4. FEI Number<br><b>25-1807169</b>                                                                                                       |                                                                                                                                                                    |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                             |                                            |                                                                                                                        | Applied For<br><input type="checkbox"/> Not Applicable                                                                                   |                                                                                                                                                                    |
| 6. Name and Address of Current Registered Agent<br><br><b>CORPORATION SERVICE COMPANY<br/>1201 HAYS STREET<br/>TALLAHASSEE, FL 32301-2525</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                             |                                            |                                                                                                                        | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |                                                                                                                                                                    |
| 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.<br><br>SIGNATURE _____<br><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<br/>After May 1, 2004 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                             |                                            | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                                          |                                                                                                                                                                    |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                             |                                            | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                           |                                                                                                                                          |                                                                                                                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PD<br>FIELDS, JIMMY L<br>1215 MANOR DRIVE<br>MECHANICSBURG, PA 17055        | <input type="checkbox"/> Delete            |                                                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | T<br>BORGER, DIANE M<br>1215 MANOR DRIVE<br>MECHANICSBURG, PA 17055         | <input type="checkbox"/> Delete            |                                                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                           | V/T/S<br>Borger, Diane M.<br>1215 Manor Dr.<br>Mechanicsburg, PA 17055<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | VP<br>ZULLINGER, R. FREDERIC<br>1215 MANOR DRIVE<br>MECHANICSBURG, PA 17055 | <input type="checkbox"/> Delete            |                                                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                           | V/Asst. Sec.<br>Zullinger, R. Fredric<br>1215 Manor Dr.<br>Mechanicsburg, PA 17055<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | S<br>BARBER, ROBIN<br>1215 MANOR DRIVE<br>MECHANICSBURG, PA 17055           | <input checked="" type="checkbox"/> Delete |                                                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | VP<br>LAUDER, SANDY<br>1215 MANOR DRIVE<br>MECHANICSBURG, PA 17055          | <input type="checkbox"/> Delete            |                                                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                           | V<br>Lauder, Sandy<br>1215 Manor Dr.<br>Mechanicsburg, PA 17055<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                             | <input type="checkbox"/> Delete            |                                                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                  |
| 12. 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 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. |                                                                             |                                            |                                                                                                                        |                                                                                                                                          |                                                                                                                                                                    |
| <b>SIGNATURE:</b> <u><i>Diane M. Borger</i></u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                             |                                            | Date <u>4/21/04</u> Daytime Phone # _____                                                                              |                                                                                                                                          |                                                                                                                                                                    |