

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 14, 2003 8:00 am**  
**Secretary of State**

01-14-2003 90046 036 \*\*\*150.00

DOCUMENT # *842978*

1. Entity Name  
Bayada Nurses, Inc.

**DO NOT WRITE IN THIS SPACE**

**90002063**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 290 Chester Avenue Suite, Apt. #, etc.		3. Mailing Address 101 Executive Drive Suite, Apt. #, etc. Ste 6		4. FEI Number 23-1943113	Applied For
City & State Moorestown, NJ		City & State Moorestown, NJ			Not Applicable
Zip 08057	Country USA	Zip 08057	Country USA	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name CT Corporation System
Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Road
City Plantation
State FL
Zip Code 33324

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.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President J. Mark Baiada 290 Chester Avenue Moorestown, NJ 08057	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: *J. Mark Baiada* J. Mark Baiada, President      1/3/03      856-231-1000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034B (12/01)