

m16000006778

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

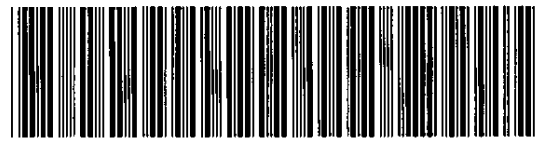
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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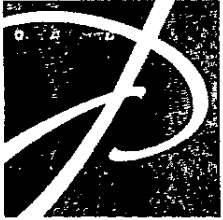


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S Warren
AUG 24 2016



**JOHNSON
POPE
BOKOR
RUPPEL &
BURNS, LLP**

COUNSELORS AT LAW

TAMPA ■ CLEARWATER ■ ST. PETERSBURG

LORI L. AMMONS
SYNOVUS BANK BUILDING
333 THIRD AVENUE NORTH, SUITE 200
ST. PETERSBURG, FLORIDA 33701
TELEPHONE: (727) 483-5685
FACSIMILE: (727) 483-7899
EMAIL: LAMMONS@JPFIRM.COM

August 23, 2016

VIA OVERNIGHT MAIL

Stacey Warren
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Bayada Physician Services, LLC

Dear Stacey:

Pursuant to our conversation this morning, I am enclosing the following:

1. Check No. 1394 for \$130.00 for the filing fee and certificate of status.
2. Certificate of Status from Delaware.
3. Completed Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida.

Please file upon receipt, as this needs to be effective with the State of Florida on August 24, 2016.

If you have any questions, please call me. Thanks.

Very truly yours,

JOHNSON, POPE, BOKOR,
RUPPEL & BURNS, LLP

By: 
Lori L. Ammons

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bayada Physician Services, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Cameron Pariseau

Name of Person

Johnson Pope

Firm/Company

333 Third Avenue North, Suite 200

Address

St. Petersburg, FL 33701

City/State and Zip Code

svogel@bayada.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cameron Pariseau

727

800-5980

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

\$125.00 Filing Fee

\$130.00 Filing Fee &
Certificate of Status

\$155.00 Filing Fee &
Certified Copy

\$160.00 Filing Fee, Certificate
of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Bayada Physician Services, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.")

2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized)
3. 81-2551030 (FEI number, if applicable)

4. N/A
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2711 Centerville Road, Suite 400
Wilmington, New Castle County, Delaware 19808
(Street Address of Principal Office)

6. 2711 Centerville Road, Suite 400
Wilmington, New Castle County, Delaware 19808
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Chestnut Business Services, LLC
Office Address: 333 Third Avenue North, Suite 200
St. Petersburg, Florida 33701
(City) (Zip code)

Registered agent's acceptance:
Having been named as registered agent and to accept service of process for the above stated limited liability company 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.

Cam R. Parris
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Mark Baiada, Manager
290 Chester Avenue
Moorestown, NJ 08057

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

Mark Baiada
Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Mark Baiada
Typed or printed name of signer

FILED
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DEPARTMENT OF STATE
TALLAHASSEE FLORIDA

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BAYADA PHYSICIAN SERVICES, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF AUGUST, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BAYADA PHYSICIAN SERVICES, LLC" WAS FORMED ON THE THIRD DAY OF MAY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.



6032388 8300

SR# 20165463137

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 202865606

Date: 08-22-16