

**2020 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F19000000033

**Entity Name:** BAYADA HOME HEALTH CARE, INC.

**Current Principal Place of Business:**

4300 HADDONFIELD ROAD  
PENNSAUKEN, NJ 08109

**Current Mailing Address:**

4300 HADDONFIELD ROAD  
PENNSAUKEN, NJ 08109 US

**FEI Number:** 23-1943113

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title C  
Name BAIADA, J MARK  
Address 4300 HADDONFIELD ROAD  
City-State-Zip: PENNSAUKEN NJ 08109

Title D  
Name BAIADA, P. MELAN  
Address 4300 HADDONFIELD ROAD  
City-State-Zip: PENNSAUKEN NJ 08109

Title D  
Name BALLEZZI, ENRICO  
Address 4300 HADDONFIELD ROAD  
City-State-Zip: PENNSAUKEN NJ 08109

Title P,S  
Name BAIADA, DAVID L  
Address 4300 HADDONFIELD ROAD  
City-State-Zip: PENNSAUKEN NJ 08109

Title T  
Name PRESSLER, BRIAN  
Address 4300 HADDONFIELD ROAD  
City-State-Zip: PENNSAUKEN NJ 08109

Title D  
Name KERR, GAVIN  
Address 4300 HADDONFIELD ROAD  
City-State-Zip: PENNSAUKEN NJ 08109

Title D  
Name FORD, BRIAN  
Address 4300 HADDONFIELD ROAD  
City-State-Zip: PENNSAUKEN NJ 08109

Title D  
Name CONSIDINE, TOM  
Address 4300 HADDONFIELD ROAD  
City-State-Zip: PENNSAUKEN NJ 08109

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DAVID BAIADA

**PRESIDENT**

**03/20/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title D  
Name CORNISH, KELLEY  
Address 4300 HADDONFIELD ROAD  
City-State-Zip: PENNSAUKEN NJ 08109