

2023 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 CHAIRMAN
Name BAIADA, J MARK
Address 4300 HADDONFIELD ROAD
City-State-Zip: PENNSAUKEN NJ 08109

Title DIRECTOR
Name BAIADA, PAUL MELAN
Address 4300 HADDONFIELD ROAD
City-State-Zip: PENNSAUKEN NJ 08109

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

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

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

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

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

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

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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: SUSAN GINIGER

AUTHORIZED SIGNATOR 04/12/2023

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

Title DIRECTOR
Name TUCKER, WINSELOW
Address 4300 HADDONFIELD ROAD
City-State-Zip: PENNSAUKEN NJ 08109

Title DIRECTOR
Name CARROLL, TERESA
Address 4300 HADDONFIELD ROAD
City-State-Zip: PENNSAUKEN NJ 08109

Title DIRECTOR
Name SAPORITO, THOMAS
Address 4300 HADDONFIELD ROAD
City-State-Zip: PENNSAUKEN NJ 08109

Title DIRECTOR
Name SHARKEY, SHIRLEE
Address 4300 HADDONFIELD ROAD
City-State-Zip: PENNSAUKEN NJ 08109

Title SECRETARY
Name HOLCOMB, TANYA
Address 4300 HADDONFIELD ROAD
City-State-Zip: PENNSAUKEN NJ 08109

Title OTHER
Name GINIGER, SUSAN
Address 99 CHERRY HILL ROAD
SUITE 303
City-State-Zip: PARSIPPANY NJ 07054