842978

(Red	questor's Name)		
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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Evelyn Wright

Date: October 28, 2013

Order#: 856559-006

Re: BAYADA HOME HEALTH CARE, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX __ Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Evelyn Wright

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.05 nge is submitted for a corporation orgo r to change its registered office or regis	unized under the laws of the State of	Pennsylvania	3
1. The name of	he corporation: BAYADA HOME H	HEALTH CARE, INC.		
•	office address:er Avenue, Moorestown, NJ 080	057		
•	ddress (if different):e Rd., Ste. 1, W. Deptford, NJ 08	3066		
4. Date of incorp	poration/qualification: 04/09/1979	Document number: 84297	8	
	I street address of the current registered tment of State: (If resigned, enter resigned)		ith the	
	CT Corporation System		_	
	1200 S. Pine Island Road	•		
	Plantation, FL 33324		1	백일실
6. The name and (if changed):	l street address of the new registered ag	ent (if changed) and /or registered of	CT 30 TH	
	Corporation Service Company		- E - 5	
	1201 Hays Street		50	
		OT acceptable	X	•
	Tallahassee, FL 32301		-	
The street address changed will	ess of its registered office and the stree be identical.	at address of the business office of it	ts registered agen	ıt,
Such change was authorized by the	is authorized by resolution duly adopted board, or the corporation has been n	ed by its board of directors or by an otified in writing of the change.	officer so	
Dona Priebe, Vice President		nt		
Signatu	re of an officer or director	Printed or typed name and tit	ile	
I further agree performance of agent. Or, if the hereby confirm	the appointment as registered agent a to comply with the provisions of all stomy duties, and I am familiar with and is document is being filed merely to rethat the corporation has been notified on Selvice Company	itutes relative to the proper and con accept the obligation of my position flect a change in the registered offic	n as registered	
By: Cluabe	avan	10/25/2013		
Sig	nature of Registered Agent	Date		
If signing on be	half of an entity:			
Elizabeth A.	Dawson, Asst. Vice President			
T	yped or Printed Name			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

* * * FILING FEE: \$35.00 * * *