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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

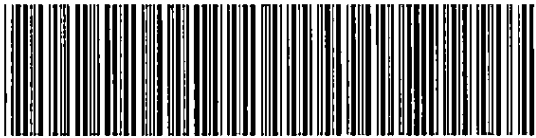
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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19 JAN -2 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

19 JAN -2 PM 4:19

JAN 03 2019
S. YOUNG

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 565586 4612432

AUTHORIZATION :

COST LIMIT : \$ 70,000

ORDER DATE : January 2, 2019

ORDER TIME : 2:44 PM

ORDER NO. : 565586-010

CUSTOMER NO: 4612432

FOREIGN FILINGS

NAME: BAYADA HOME HEALTH CARE, INC.

XXXX QUALIFICATION (TYPE: NP)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft -- EXT# 62925

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bayada Home Health Care, Inc.

Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Name of Person

Firm/Company

Address

City/State and Zip Code

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

For further information concerning this matter, please call:

Name of Person

at (_____) _____
Area Code

Daytime Telephone Number

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

FILED
19 JAN -2 PM 2:46
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN
THE STATE OF FLORIDA:*

1. BAYADA Home Health Care, Inc.

(Name of corporation; must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Pennsylvania 3. 23-1943113
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 1/17/1975 5. _____
(Date of Incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 4300 Haddonfield Road, Pennsauken, NJ 08109
(Principal office address)

(Current mailing address, if different)

8. Provide home health care services
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street
Tallahassee, Florida 32301
(City) (Zip Code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

Corporation Service Company

By: _____

Registered agent's signature

Emily Croft

Asst. Vice President

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: J Mark. Baiada
4300 Haddonfield Road, Pennsauken, NJ 08109
Address: _____

Vice Chairman: _____
Address: _____

Director: P. Melan Baiada
4300 Haddonfield Road, Pennsauken, NJ 08109
Address: _____

Director: Enrico Ballezzi
4300 Haddonfield Road, Pennsauken, NJ 08109
Address: _____

B. OFFICERS

President: David L. Baiada
4300 Haddonfield Road, Pennsauken, NJ 08109
Address: _____

Vice President: _____
Address: _____

Secretary: David L. Baiada
4300 Haddonfield Road, Pennsauken, NJ 08109
Address: _____

Treasurer: Thomas Sibson
4300 Haddonfield Road, Pennsauken, NJ 08109
Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. J Mark Baiada
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. J. Mark Baiada, Chairman
(Typed or printed name and capacity of person signing application)

ADDENDUM FOR ADDITIONAL DIRECTORS

Director: Gavin Kerr

Address: 4300 Haddonfield Road, Pennsauken, NJ 08109

Director: Judith Persichilli

Address: 4300 Haddonfield Road, Pennsauken, NJ 08109

Director: Thomas Saporito, Ph.D.

Address: 4300 Haddonfield Road, Pennsauken, NJ 08109

Director: Karl Weger

Address: 4300 Haddonfield Road, Pennsauken, NJ 08109

215688138v1

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

12/31/2018

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

BAYADA Home Health Care, Inc.

is duly registered as a Pennsylvania Non-Profit (Non Stock) under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set
my hand and caused the Seal of the Secretary's
Office to be affixed, the day and year above written

Robert Lanes

Acting Secretary of the Commonwealth

Certification Number: TSC181231090248-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>