

2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M20000010549

Entity Name: BAYBAP, LLC

Current Principal Place of Business:

3563 PHILIPS HIGHWAY
SUITE 202
JACKSONVILLE, FL 32207

FILED
Feb 23, 2022
Secretary of State
7314385169CC

Current Mailing Address:

4300 HADDONFIELD ROAD
PENNSAUKEN, NJ 08109 US

FEI Number: 85-3852455

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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

Authorized Person(s) Detail :

Title MGR
Name BENSCOTER, ZACHARY
Address 1350 13TH AVE. S.
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title MGR
Name MITRICK, JOSEPH
Address 1350 13TH AVE. S.
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title MGR
Name LEEN, MARY
Address 841 PRUDENTIAL DR. STE 180
City-State-Zip: JACKSONVILLE FL 32207

Title MGR
Name THUL, FREDERICK
Address 4300 HADDONFIELD RD.
City-State-Zip: PENNSAUKEN NJ 08109

Title MGR
Name MOSS, SUSAN
Address 4300 HADDONFIELD ROAD
City-State-Zip: PENNSAUKEN NJ 08109

Title AUTHORIZED REPRESENTATIVE
Name BAYADA HOME HEALTH CARE, INC.
Address 4300 HADDONFIELD ROAD
City-State-Zip: PENNSAUKEN NJ 08109

Title MANAGER
Name DRIZIN, DEAN
Address 4300 HADDONFIELD ROAD
City-State-Zip: PENNSAUKEN NJ 08109

Title MANAGER
Name EVANS, EARL
Address 1350 13TH AVE. S.
City-State-Zip: JACKSONVILLE BEACH FL 32250

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SUSAN GINIGER

**AUTHORIZED
REPRESENTATIVE**

02/23/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date