

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to REMED RECOVERY CARE CENTERS LLC

LEGAL ENTITY

To operate REMED RECOVERY CARE CENTERS

NAME OF FACILITY OR AGENCY

Located at 350 PAOLI PIKE, MALVERN, PA 19355

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 8
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from October 31, 2014 until March 15, 2015
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **131580**

Robert E. Robinson

ISSUING OFFICER

Matthew J. [Signature]

ACTING DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

NOV 04 2014

Ms. Elaine Sprainer, Vice President of Operations
ReMed Recovery Care Centers, LLC
16 Industrial Boulevard, Suite 203
Paoli, Pennsylvania 19301

RE: ReMed Recovery Care Centers
350 Paoli Pike
Malvern, Pennsylvania 19355
License #: 131580

Dear Ms. Sprainer:

As a result of your facilities recent change in the name from ReMed Realty to ReMed Recovery Care Centers and the change in the name of the legal entity from ReMed Realty LP to ReMed Recovery Care Centers, LLC, a new license is being issued under the authority of 55 Pa.Code Ch. 2600 (relating to Personal Care Homes). The expiration date of the license remains unchanged. Your revised license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Matthew Jones / qf".

Matthew J. Jones
Director

Enclosure
License