

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F98000006969

**Entity Name:** BYRAM HEALTHCARE CENTERS, INC.

**Current Principal Place of Business:**

120 BLOOMINGDALE RD.  
SUITE 301  
WHITE PLAINS, NY 10605

**Current Mailing Address:**

120 BLOOMINGDALE RD.  
SUITE 301  
WHITE PLAINS, NY 10605

**FEI Number:** 22-2862167

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
515 E. PARK AVENUE  
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

**Officer/Director Detail :**

Title            CEO  
Name            BERNOCCHI, PERRY  
Address        21 MARGARET DRIVE  
City-State-Zip: SOMERSET NJ 08873-2758

Title            DIR  
Name            BERNOCCHI, PERRY  
Address        21 MARGARET DRIVE  
City-State-Zip: SOMERSET NJ 08873-2758

Title            CFO  
Name            OVERWEEL, MARCEL  
Address        119 GRACE CHURCH STREET  
City-State-Zip: RYE NY 10508

Title            DIR  
Name            OVERWEEL, MARCEL  
Address        119 GRACE CHURCH STREET  
City-State-Zip: RYE NY 10508

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARCEL OVERWEEL

**CFO (BY MKNOWLES)**

**07/17/2014**

Electronic Signature of Signing Officer/Director Detail

Date