

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000006969

FILED
Jun 15, 2015
Secretary of State
CC4990741183

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.
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: MICHELLE KNOWLES

06/15/2015

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

Title SECRETARY
Name KNOWLES, MICHELLE LEE
Address 120 BLOOMINGDALE RD.
SUITE 301
City-State-Zip: WHITE PLAINS NY 10605

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: MICHELLE KNOWLES

**SECRETARY, LEGAL
OFFICER**

06/15/2015

Electronic Signature of Signing Officer/Director Detail

Date