

2018 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: No

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

01/03/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CEO
Name BERNOCCHI, PERRY
Address 120 BLOOMINGDALE RD.
SUITE 301
City-State-Zip: WHITE PLAINS NY 10605

Title DIR
Name BERNOCCHI, PERRY
Address 120 BLOOMINGDALE RD.
SUITE 301
City-State-Zip: WHITE PLAINS NY 10605

Title CFO
Name OVERWEEL, MARCEL
Address C/O 120 BLOOMINGDALE ROAD
SUITE 301
City-State-Zip: WHITE PLAINS NY 10605

Title DIR
Name MEIER, RICHARD A
Address 120 BLOOMINGDALE RD.
SUITE 301
City-State-Zip: WHITE PLAINS NY 10605

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

Title DIR
Name PACE, NICHOLAS J
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

CORP SECRETARY

01/03/2018

Electronic Signature of Signing Officer/Director Detail

Date