

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000006969

Entity Name: BYRAM HEALTHCARE CENTERS, INC.

Current Principal Place of Business:

120 BLOOMINGDALE ROAD
#301
WHITE PLAINS,, NY 10605

Current Mailing Address:

120 BLOOMINGDALE ROAD
#301
WHITE PLAINS,, NY 10605 US

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

05/30/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name LEON, JONATHAN
Address 120 BLOOMINGDALE ROAD
#301
City-State-Zip: WHITE PLAINS, NY 10605

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

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

Title SECRETARY
Name KNOWLES, MICHELLE
Address 120 BLOOMINGDALE ROAD
#301
City-State-Zip: WHITE PLAINS, NY 10605

Title DIRECTOR
Name PACE, NICHOLAS J.
Address 120 BLOOMINGDALE ROAD
#301
City-State-Zip: WHITE PLAINS, NY 10605

Title DIRECTOR
Name BERNOCCHI, PERRY A.
Address 120 BLOOMINGDALE ROAD
#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

05/30/2020

Electronic Signature of Signing Officer/Director Detail

Date