

**2021 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

04/24/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name JEFFREY , JOCHIMS T.  
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:** NICHOLAS J. PACE

DIRECTOR

04/24/2021

Electronic Signature of Signing Officer/Director Detail

Date