

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 16, 2002 8:00 am
Secretary of State

DOCUMENT # F98000006969

06-16-2002 90692 042 ***550.00

1. Entity Name
BYRAM HEALTHCARE CENTERS, INC.

Principal Place of Business 75 HOLLY HILL LANE GREENWICH CT 06830	Mailing Address 220 N. COBB PARKWAY STE 200 MARIETTA GA 30062
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 440 Wheelers Farm Rd.	3. Mailing Address	4. FEI Number 22-2862167	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. Suite 304	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State Milford CT	City & State		
Zip 06460	Country US		

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
See criteria on back

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PHILLIPS, PETER A 69 EMILY ROAD FAR HILLS NJ 07931 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO JANES, LAWRENCE E 25 KINGS LANE WILTON CT 06897 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO NOEKER, RAY 215 CHESTNUT HILL ROAD GLASTONBURY CT 06033 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO ZARKA, FRANK 12 CHATSWORTH PL FARMINGTON CT 06032 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C NOLL, MARY 1745 BLUE POND DRIVE CANTON GA 30115 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mary Nell Conroy Date: 06/06/02 Daytime Phone #: 770-590-7814