

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000006969

FILED
Jun 30, 2004
Secretary of State

Entity Name: BYRAM HEALTHCARE CENTERS, INC.

Current Principal Place of Business:

440 WHEELERS FARM RD.
STE 440
MILFORD, CT 06460

New Principal Place of Business:

440 WHEELERS FARM RD.
STE 340
MILFORD, CT 06470

Current Mailing Address:

220 N. COBB PARKWAY
STE 200
MARIETTA, GA 30062

New Mailing Address:

440 WHEELERS FARM RD.
STE 340
MILFORD, CT 06470

FEI Number: 22-2862167

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CFO () Delete
Name: JANES, LAWRENCE E
Address: 25 KINGS LANE
City-St-Zip: WILTON, CT 06897

Title: CEO () Delete
Name: NOEKER, RAY
Address: 215 CHESTNUT HILL ROAD
City-St-Zip: GLASTONBURY, CT 06033

Title: COO (X) Delete
Name: ZARKA, FRANK
Address: 12 CHATSWORTH PL
City-St-Zip: FARMINGTON, CT 06032

Title: C () Delete
Name: NOLL, MARY
Address: 1745 BLUE POND DRIVE
City-St-Zip: CANTON, GA 30115

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CFO (X) Change () Addition
Name: CONNOLLY, JOHN R
Address: 160 PINO VERDE LANE
City-St-Zip: WILLIAMSVILLE, NY 14221

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JOHN R CONNOLLY

CFO

06/30/2004

Electronic Signature of Signing Officer or Director

Date