

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 08:00 AM
Secretary of State



DOCUMENT # F98000006969
 1. Entity Name
BYRAM HEALTHCARE CENTERS, INC.

Principal Place of Business: **440 WHEELERS FARM RD. STE 440 MILFORD, CT 06460**
 Mailing Address: **440 WHEELERS FARM RD. STE 340 MILFORD, CT 06470**

DO NOT WRITE IN THIS SPACE



01112005 No Chg-P CR2E034 (10/03)

4. FEI Number **22-2862167** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	CFO
NAME	CONNOLLY, JOHN R
STREET ADDRESS	160 PINO VERDE LANE
CITY-ST-ZIP	WILLIAMSVILLE, NY 14221
TITLE	CEO
NAME	NOEKER, RAY
STREET ADDRESS	215 CHESTNUT HILL ROAD
CITY-ST-ZIP	GLASTONBURY, CT 06033
TITLE	C
NAME	NOLL, MARY
STREET ADDRESS	1745 BLUE POND DRIVE
CITY-ST-ZIP	CANTON, GA 30115
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **X** *John R Connolly* **1/26/05** **203-783-6030**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #