

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000006969

FILED
Mar 31, 2008
Secretary of State

Entity Name: BYRAM HEALTHCARE CENTERS, INC.

Current Principal Place of Business:

120 BLOOMINGDALE RD., SUITE 301
WHITE PLAINS, NY 10605

New Principal Place of Business:

Current Mailing Address:

120 BLOOMINGDALE RD., SUITE 301
WHITE PLAINS, NY 10605

New Mailing Address:

FEI Number: 22-2862167 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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: CEO () Delete
Name: SMITH, RICHARD M
Address: 440 WHEELERS FARMS RD
City-St-Zip: MILFORD, CT 06461

Title: CFO () Delete
Name: EVANS, DAVID
Address: 440 WHEELERS FARMS RD.
City-St-Zip: MILFORD, CT 06461

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: SMITH, RICHARD M
Address: 1111 W. EVANS AVENUE, SUITE A
City-St-Zip: DENVER, CO 80223

Title: CFO (X) Change () Addition
Name: EVANS, DAVID J
Address: 120 BLOOMINGDALE ROAD, SUITE 301
City-St-Zip: WHITE PLAINS, NY 10605

Title: EVP () Change (X) Addition
Name: BERNOCCHI, PERRY A
Address: 500 APGAR DRIVE, SUITE 2
City-St-Zip: SOMERSET, NJ 08873

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DAVID J. EVANS

CFO

03/31/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date