2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000006969

Entity Name: BYRAM HEALTHCARE CENTERS, INC.

FILED Mar 30, 2009 Secretary of State

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Current Principal Place of Business:				New Principal Place of Business:		
120 BLOOMINGDALE RD., SUITE 301 WHITE PLAINS, NY 10605				120 BLOOMINGDALE RD. SUITE 301 WHITE PLAINS, NY 10605		
Current Mailing Address:				New Mailing Address:		
120 BLOOMINGDALE RD., SUITE 301 WHITE PLAINS, NY 10605				120 BLOOMINGDALE RD. SUITE 301 WHITE PLAINS, NY 10605		
FEI Number:	22-2862167	FEI Number Applied For ()	FEI Num	ber Not Appli	cable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent: Name and Address of I						ew Registered Agent:
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 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:						
Electronic Signature of Registered Agent						Date
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	SMITH, RICHARI	AVENUE, SUITE A		Title: Name: Address: City-St-Zip:	BROUWER, TH	DALE ROAD, SUITE 301
Title: Name: Address: City-St-Zip:	EVANS, DAVID J	DALE ROAD, SUITE 301		Title: Name: Address: City-St-Zip:	BROUWER, TH	DALE ROAD, SUITE 301
Title: Name: Address: City-St-Zip:	EVP () I BERNOCCHI, PE 500 APGAR DRI SOMERSET, NJ	VE, SUITE 2		Title: Name: Address: City-St-Zip:	EVP (X) BERNOCCHI, P 500 APGAR DR SOMERSET, N.	IVE, SUITE 2
Title: Name: Address: City-St-Zip:	()!	Delete		Title: Name: Address: City-St-Zip:	1 7	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	DIR () VAN GELDER, NEUROPALAAN 2 UTRECHT, NT 3	2

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: PERRY BERNOCCHI EVP 03/30/2009