

F98000006969

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : CHARLES BACLET AND ASSOCIATES
Account Number : I20080000054
Phone : (949) 955-9585
Fax Number : (800) 562-6504

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TALLAHASSEE, FLORIDA

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please

Email Address:

REGISTERED AGENT CHANGE
BYRAM HEALTHCARE CENTERS, INC.

Table with 2 columns: Item and Value. Rows include Certificate of Status (0), Certified Copy (0), Page Count (01), and Estimated Charge (\$35.00).

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12-23-09

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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TO: Amendment Section
Division of Corporations

SUBJECT: BYRAM HEALTHCARE CENTERS, INC.
(Name of Corporation)

DOCUMENT NUMBER: F98000006969

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Terry Tarwater
(Name of Contact Person)

Charles Baclet and Associates
(Firm/Company)

2875 Michelle Drive, Suite 100
(Address)

Irvine, California 92606
(City/State and Zip Code)

For further information concerning this matter, please call:

Terry Tarwater at (800) 562-6439
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

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Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of NJ in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: BYRAM HEALTHCARE CENTERS, INC.
- 2. The principal office address: 120 Bloomingdale Road, Suite 301
White Plains, New York 10605
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: 12/22/1998 Document number: F98000006969
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Corporation Service Company

1201 Hays Street

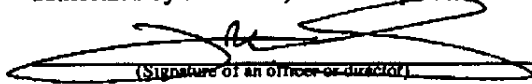
Tallahassee, FL 32301

- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
- NRAI Services, Inc.
- 2731 Executive Park Drive, Suite 4
(P.O. Box NOT acceptable)
- Weston, FL 33331

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TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


(Signature of an Officer or Director)

Jose Castellanos, by Power of Attorney for Thie W. Brouwer, Secretary
(Printed or typed Name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Nicole Chouinard
(Signature of Registered Agent)

12-22-2009
(Date)

If signing on behalf of an entity:

Nicole Chouinard, Assistant Secretary
(Typed or Printed Name)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314