

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000006969

FILED
Jan 10, 2011
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:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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

OFFICERS AND DIRECTORS:

Title: CFO
Name: BROUWER, THIE W
Address: 120 BLOOMINGDALE ROAD, SUITE 301
City-St-Zip: WHITE PLAINS, NY 10605 US

Title: DIR
Name: BROUWER, THIE W
Address: 120 BLOOMINGDALE ROAD, SUITE 301
City-St-Zip: WHITE PLAINS, NY 10605

Title: CEO
Name: BERNOCCHI, PERRY A
Address: 500 APGAR DRIVE, SUITE 2
City-St-Zip: SOMERSET, NJ 08873 US

Title: DIR
Name: BERNOCCHI, PERRY A
Address: 500 APGAR DRIVE, SUITE 2
City-St-Zip: SOMERSET, NJ 08873 US

Title: DIR
Name: VAN GELDER, MARC C
Address: EUROPALAAN 2
City-St-Zip: UTRECHT, NT 3526 KS NT

Title: DIR
Name: VAN DEN BROEK, MARCEL
Address: EUROPALAAN 2
City-St-Zip: UTRECHT, NT 3526 KS NT

I hereby 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 all other like empowered.

SIGNATURE: PERRY A BERNOCCHI

CEO

01/10/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date