

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F98000006969

**FILED**  
**Jan 03, 2018**  
**Secretary of State**  
**CC5282022701**

**Entity Name:** BYRAM HEALTHCARE CENTERS, INC.

**Current Principal Place of Business:**

120 BLOOMINGDALE RD.  
SUITE 301  
WHITE PLAINS, NY 10605

**Current Mailing Address:**

120 BLOOMINGDALE RD.  
SUITE 301  
WHITE PLAINS, NY 10605

**FEI Number:** 22-2862167

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** MICHELLE KNOWLES

01/03/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CEO  
Name BERNOCCHI, PERRY  
Address 120 BLOOMINGDALE RD.  
SUITE 301  
City-State-Zip: WHITE PLAINS NY 10605

Title DIR  
Name BERNOCCHI, PERRY  
Address 120 BLOOMINGDALE RD.  
SUITE 301  
City-State-Zip: WHITE PLAINS NY 10605

Title CFO  
Name OVERWEEL, MARCEL  
Address C/O 120 BLOOMINGDALE ROAD  
SUITE 301  
City-State-Zip: WHITE PLAINS NY 10605

Title DIR  
Name MEIER, RICHARD A  
Address 120 BLOOMINGDALE RD.  
SUITE 301  
City-State-Zip: WHITE PLAINS NY 10605

Title SECRETARY  
Name KNOWLES, MICHELLE LEE  
Address 120 BLOOMINGDALE RD.  
SUITE 301  
City-State-Zip: WHITE PLAINS NY 10605

Title DIR  
Name PACE, NICHOLAS J  
Address 120 BLOOMINGDALE RD.  
SUITE 301  
City-State-Zip: WHITE PLAINS NY 10605

*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:** MICHELLE KNOWLES

**CORP SECRETARY**

01/03/2018

Electronic Signature of Signing Officer/Director Detail

Date