

1.) CORPORATION NAME: BYRAM HEALTHCARE CENTERS, INC.	DUE DATE: 5/31/2014				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: NATIONAL REGISTERED AGENTS, INC. 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA	SCC ID NO: F1750167				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY	5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>16,035,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	16,035,000
CLASS	AUTHORIZED				
COMMON	16,035,000				
4.) STATE OR COUNTRY OF INCORPORATION: NJ					

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 120 BLOOMINGDALE ROAD
SUITE 301

CITY/ST/ZIP: WHITE PLAINS, NY 10605

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: PERRY A BERNOCCHI TITLE: P/CEO ADDRESS: 500 APGAR DRIVE CITY/ST/ZIP/CO: STE 2 SOMERSET, NJ 08873	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR
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NAME: MARCEL OVERWEEL TITLE: CFO/T/S ADDRESS: 120 BLOOMINGDALE RD STE 301 CITY/ST/ZIP/CO: WHITE PLAINS, NY 10605	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ MARCEL OVERWEEL	MARCEL OVERWEEL, CFO/T/S	7/1/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.