

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000000786

FILED  
Jan 21, 2008  
Secretary of State

Entity Name: PYRAMID HEALTHCARE SOLUTIONS, INC.

## Current Principal Place of Business:

14141 46TH ST NORTH  
SUITE 1212  
CLEARWATER, FL 33762

## New Principal Place of Business:

## Current Mailing Address:

14141 46TH ST NORTH  
SUITE 1212  
CLEARWATER, FL 33762

## New Mailing Address:

FEI Number: 84-1134236      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HYNEK, LAWRENCE E  
18700 GULF BLVD  
6  
INDIAN SHORES, FL 33785 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PCD ( ) Delete  
Name: HYNEK, LAWRENCE E  
Address: 14141 46TH ST NORTH, STE 1212  
City-St-Zip: CLEARWATER, FL 33762

Title: SD ( ) Delete  
Name: SHIMER, KERRY  
Address: 14141 46TH ST NORTH, STE 1212  
City-St-Zip: CLEARWATER, FL 33762

Title: TD ( ) Delete  
Name: KRAMER, CHARLES E  
Address: 14141 46TH ST NORTH, STE 1212  
City-St-Zip: CLEARWATER, FL 33762

Title: D ( ) Delete  
Name: KOCHEVAR, WILLIAM J  
Address: 14141 46TH ST NORTH, STE 1212  
City-St-Zip: CLEARWATER, FL 33762

Title: D ( ) Delete  
Name: LORTSCHER, RANDALL  
Address: 14141 46TH ST NORTH STE 1212  
City-St-Zip: CLEARWATER, FL 33762

Title: D ( ) Delete  
Name: HUTCHINSON, JAY A  
Address: 14141 46TH ST NORTH, STE 1212  
City-St-Zip: CLEARWATER, FL 33762

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: CATHY J. WELCH

VP

01/21/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date