

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000035579

**FILED**  
**Jul 26, 2016**  
**Secretary of State**  
**CC0252397193**

**Entity Name:** PYRAMID HEALTHCARE HOLDINGS INC.

**Current Principal Place of Business:**

14141 46TH STREET NORTH  
SUITE 1212  
CLEARWATER, FL 33762

**Current Mailing Address:**

P.O. BOX 17389  
CLEARWATER, FL 33762 US

**FEI Number:** 27-2425865

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYES STREET  
TALLAHASSEE, FL 32301 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DIRECTOR  
Name AHMAD, ASIF  
Address 5400 LBJ FREEWAY, ONE LINCOLN CENTRE SUITE 200  
City-State-Zip: DALLAS TX 75240

Title DIRECTOR, GENERAL COUNSEL, VICE PRESIDENT, SECRETARY  
Name CATES, LANE  
Address 5400 LBJ FREEWAY, ONE LINCOLN CENTRE SUITE 200  
City-State-Zip: DALLAS TX 75240

Title PRESIDENT  
Name VROOM, KELLY  
Address 5400 LBJ FREEWAY, ONE LINCOLN CENTRE SUITE 200  
City-State-Zip: DALLAS TX 75240

Title CFO  
Name ROBERTSON, JEFF  
Address 5400 LBJ FREEWAY, ONE LINCOLN CENTRE SUITE 200  
City-State-Zip: DALLAS TX 75240

Title VICE PRESIDENT, TREASURER  
Name HAINES, DENNIS  
Address 5400 LBJ FREEWAY, ONE LINCOLN CENTRE SUITE 200  
City-State-Zip: DALLAS TX 75240

Title ASSISTANT TREASURER  
Name LEWIS, RICK  
Address 5400 LBJ FREEWAY, ONE LINCOLN CENTRE SUITE 200  
City-State-Zip: DALLAS TX 75240

Title ASSOCIATE COUNSEL  
Name SHERMAN, JULIE  
Address 5400 LBJ FREEWAY, ONE LINCOLN CENTRE SUITE 200  
City-State-Zip: DALLAS TX 75240

*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:** LANE CATES

**SECRETARY**

**07/26/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date