

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000035579

Entity Name: PYRAMID HEALTHCARE HOLDINGS INC.**Current Principal Place of Business:**5920 WINDHAVEN PKWY
SUITE 110
PLANO, TX 75093**Current Mailing Address:**5920 WINDHAVEN PKWY
SUITE 110
PLANO, TX 75093 US**FEI Number: 27-2425865****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS 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, PRESIDENT, CEO
Name FRANK , CASTORA
Address 4705 DUKE DRIVE,
City-State-Zip: MASON OH 45040Title SECRETARY
Name THOMAS , HALL
Address 4705 DUKE DRIVE
City-State-Zip: MASON OH 45040Title CFO
Name BRIAN , GILMARTIN
Address 4705 DUKE DRIVE
City-State-Zip: MASON OH 45040

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: THOMAS HALL**SECRETARY****04/20/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date