2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2009
Secretary of State

DOCUMENT# F00000000786

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:

PO BOX 17389
CLEARWATER, FL 33762

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: LAWRENCE E. HYNEK PCD 03/26/2009

Electronic Signature of Signing Officer or Director — Date