

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000000786

FILED  
Feb 22, 2011  
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:**

PO BOX 17389  
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:**

STALBIRD, KEVIN  
14141 46TH ST NORTH  
SUITE 1212  
CLEARWATER, FL 33762 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: KEVIN STALBIRD

02/22/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PSD  
Name: MALHOTRA, MANOJ  
Address: 14141 46TH ST NORTH, STE 1212  
City-St-Zip: CLEARWATER, FL 33762

Title: VPTD  
Name: BAHL, YUDHISTER  
Address: 14141 46TH ST NORTH, STE 1212  
City-St-Zip: CLEARWATER, FL 33762

Title: CD  
Name: GUPTA, ASHWANI  
Address: 14141 46TH ST NORTH, STE 1212  
City-St-Zip: CLEARWATER, FL 33762

Title: D  
Name: RANA, RAHUL  
Address: 14141 46TH ST NORTH, STE 1212  
City-St-Zip: CLEARWATER, FL 33762

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: YUDHISTER BAHL

VP

02/22/2011

Electronic Signature of Signing Officer or Director

Date