

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000000786

FILED
Apr 25, 2012
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:

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

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: MANOJ MALHOTRA

DIR

04/25/2012

Electronic Signature of Signing Officer or Director

Date