F0200001591

TRANSMITTAL LETTER

Division of Corporations		
SUBJECT:Pyramid HIM Service	es, Inc.	
(Name of corp	poration - must include suffix)	
Dear Sir or Madam:	ייייייייייייייייייייייייייייייייייייייי	0051686973 -03/26/0201031003 *****78.75 *****78.75
The enclosed "Application by Foreign Corporation" (Certificate of Existence", and check are submitted to transact business in Florida.	on for Authorization to Transact Bu ed to register the above referenced	isiness in Florida", foreign corporation
Please return all correspondence concerning this	inatter to the following:	
Stacy Rivera		
(Na	me of Person)	
Pyramid HIM Services, Inc.	Ţ	
(Fir	m/Company)	
2170 S. Parker Road Suite 290		
	(Address)	ALL SEG
Denver, Colorado 80231		
(City/S	State and Zip code)	R 26 HARY O
For further information concerning this matter, pl	D M 9: 4 F STATE FLORID	
Stacy Rivera at (30	3) 923-9000	
(Name of Person)	Area Code & Daytime Telephone N	Number lame
		Availability
STREET ADDRESS:	MAILING ADDRESS:	Document Examiner
Registration Section	Registration Section	U.:dater
Division of Corporations 409 E. Gaines St.	Division of Corporations P.O. Box 6327	S or
Tallahassee, FL 32399	Tallahassee, FL 32314	Versi, or
Table 11 1 1 0 1 0 1	,	Acknowledgement
Enclosed is a check for the following amount:	W. P. Verifyer	
□ \$70.00 Filing Fee □ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & ☐ Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy

F02-159/

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

•	d HIM Services, inc.			-
(Name of corpo	oration; must include the word "INC	ORPORATED	", "COMPANY", "CORPORATI	ON" or
natural person	viations of like import in language a or partnership if not so contained in a	s will clearly in the name at pro	ndicate that it is a corporation instead	ead of a
Colorad			n/a	
	y under the law of which it is incorpo	3 orated)	(FEI number, if app	licable)
	•	·	_	neadic)
. <u>07/27/0</u> (Da	te of incorporation)	5	perpetual Duration: Year corp. will cease to	aviet or Snomatual?
·	•	,	Datation. Tear corp. will cease to	exist of perpetual)
	alification			
(Date mist trans	acted business in Florida. If corpora (SEE SECTION	ation has not tra JS 607.1501, 6	ansacted business in Florida, inser 07.1502 and 817.155, F.S.)	t "upon qualification.")
2170 9	Parker Road Suite 290			
2170 S.		al office addres		
2170 c	· -			
21/0 5.	Parker Road Suite 290	mailing addres		
	(Curront)	manning actaires	-	
medical	records and coding ser	vices for	healtheara organizati	one
	(s) of corporation authorized in home			wido) —i
				· · · · · · · · · · · · · · · · · · ·
Name and sti	reet address of Florida register	ed agent: (P	O. Box or Mail Drop Box <u>NO</u>	
Name:	Lawrence E. Hynek_			ASSE TIME
ffice Address:	.16600 Gulf Blvd #535		· ·· ·	26 RY OF SSEE,
ince Address:			 ';	PS ≥ D
	North Redington Beach		, Florida <u>33708</u> -	<u>8</u> €
	(City)		(Zip code)	₽ =
Registered	igent's acceptance:			
aving been nar	ned as registered agent and to a	ccept service	of process for the above states	d cornoration at the pla
signated in thi	s application, I hereby accept th	e appointme	nt as registered agent and agr	ee to act in this capacit
rther agree to i	comply with the provisions of al	l statutes rela	ative to the proper and comple	te performance of my
nies, ana 1 um	familiar with and accept the obl	uganons of n	ty position as registered agent	•
	//	7.1		
	Jan mel	911	- 4. /	
_	(Registere	ed agent's sign	ture)	
	(2000000			

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

2 12. Names and business addresses of officers and/or directors:

A. DIRECTORS		
Chairman:	Lawrence E. Hynek	
Address:	2170 S. Parker Road Suite 290	
	Denver CO 80231	
Vice Chairman:	n/a	
Address:		
Director:	Michael W. Rhoads	
Address:	2170 S. Parker Road Suite 290	
	Denver CO 80231	
Director:	Kerry L. Shimer	
Address:	2170 S. Parker Road Suite 290	· · · · · · · · · · · · · · · · · · ·
	Denver CO 80231	
B. OFFICERS		
President:	Lawrence E. Hynek	02 03 0411
	2170 S. Parker Road Suite 290	RET.
	Denver, CO 80231	388 888 126
Vice President:	n/a	FE SI
Address:		9: 40 ORIDA
Secretary:	Michael W. Rhoads	
Address:	2170 S. Parker Road Suite 290 Denver CO 80231	
Treasurer:	Gary Schuetzner	
Address:	2170 S. Parker Road Suite 290 Denver CO 80231	
NOTE: If necess	sary, you may attach an addendum to the application listing additional officers	and/or directors.
13	Gars/ (hunt)	
(2)	Signature of Chairman, Vice Chairman, or any officer listed in number 12 of th	e application)
14	Gary Schuetzner, Treasurer (Typed or printed name and capacity of person signing application)	
	/ I Lumura mumara man and marel or harden ar Prince why transport	



STATE OF COLORADO

DEPARTMENT OF STATE CERTIFICATE

I, DONETTA DAVIDSON, Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

PYRAMID HIM SERVICES, INC. (Colorado CORPORATION)
File # 20011147963

was filed in this office on July 27, 2001 and has complied with the applicable provisions of the laws of the State of Colorado and on this date is in good standing and authorized and competent to transact business or to conduct its affairs within this state.

Dated: January 25, 2002

For Validation:

Certificate ID: 532703

To validate this certificate, visit the following web site, enter this certificate ID, then follow the instructions displayed.

www.sos.state.co.us/ValidateCertificate

SECRETARY OF STATE