

F24000004339

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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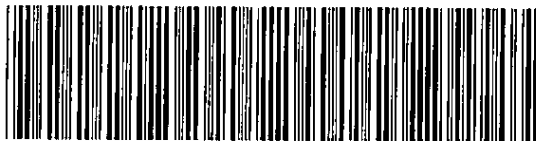
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 AUG 15 PM 4:25

SECRETARY OF STATE

AUG 16 2024
T. LEMMON

24801
hem

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pyramid Healthcare, Inc.
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

David Pertile
Name of Person
Pyramid Healthcare, Inc.
Firm/Company
271 Lakemont Park Boulevard
Address
Altoona, PA 16602
City/State and Zip code
dpertile@pyramidhc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nikki McGough at (814) 940-0407 Ext. 1365
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 30, 2024

DAVID PERTILE
271 LAKEMONT PARK BLVD
ALTOONA, PA 16602

SUBJECT: PYRAMID HEALTHCARE, INC.
Ref. Number: W24000108778

We have received your document for PYRAMID HEALTHCARE, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

✓ The registered agent must sign accepting the designation. *signed our apologies*

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 424A00016923

RECEIVED
AUG 16 2024

**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.*

1. Pyramid Healthcare, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Pennsylvania 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. May 13, 1999 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 271 Lakemont Park Boulevard, Altoona, PA 16602
(Principal office street address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Cogency Global Inc.

Office Address: 115 North Calhoun Street, Suite 4

Tallahassee, Florida , Florida 32301
(City) (Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Nicole Anthony Assistant Secretary
(Registered agent's signature)

10. 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.

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SEC. OF STATE

A. DIRECTORS

☒ Chairman Name: Jon Wolf
☐ Vice Chairman Address: 271 Lakemont Park Blvd.
☐ Director Altoona, PA 16602
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Jason Hendricks
☐ Vice Chairman Address: 271 Lakemont Park Blvd.
☐ Director Altoona, PA 16602
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other CEO ☐ Other _____

☐ Chairman Name: Sarah Deutchman
☐ Vice Chairman Address: 271 Lakemont Park Blvd.
☐ Director Altoona, PA 16602
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other COO ☐ Other _____

☐ Chairman Name: David Gould
☐ Vice Chairman Address: 271 Lakemont Park Blvd.
☐ Director Altoona, PA 16602
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other CFO ☐ Other _____

☐ Chairman Name: Matt Hosband
☐ Vice Chairman Address: 271 Lakemont Park Blvd.
☐ Director Altoona, PA 16602
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other EVP ☐ Other _____

☐ Chairman Name: David Pertile
☐ Vice Chairman Address: 271 Lakemont Park Blvd.
☐ Director Altoona, PA 16602
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other EVP ☒ Other General Counsel

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. [Signature]
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. David Pertile, EVP and General Counsel
(Typed or printed name and capacity of person signing application)

Pennsylvania Department of State
Bureau of Corporations and Charitable Organizations
PO Box 8722 | Harrisburg, PA 17105-8722
T: 717-787-1057
dos.pa.gov/BusinessCharities

Regarding: PYRAMID HEALTHCARE, INC.
Request Type: Subsistence Certificate **Issuance Date:** July 02, 2024
Request No.: 038728735 **File No.:** 0002877136
Receipt No.: 001118965
Filing Type: Domestic Business Corporation
Filing Subtype: Business
Initial Filing Date: May 13, 1999
Status: Active

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT

PYRAMID HEALTHCARE, INC.

is currently subsisting on the records of the Department of State as of the issuance date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have
hereunto set my hand and caused the seal
of my office to be affixed, the day and year
above written

Albert Schmidt
Secretary of the Commonwealth

Verify this certificate online at www.file.dos.pa.gov