2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2013
Secretary of State
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Entity Name: PYRAMID HEALTHCARE SOLUTIONS, INC.

Current Principal Place of Business:

14141 46TH ST NORTH
SUITE 1212
CLEARWATER, FL 33762

Current Mailing Address:

PO BOX 17389
CLEARWATER, FL 33762

FEI Number: 84-1134236

Certificate of Status Desired: No

Name and Address of Current 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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

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

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

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

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

Title	DIRECTOR
Name	SANJAY SAN, SHARAD
Address	14141 46TH ST NORTH SUITE 1212
City-State-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 01/28/2013

Electronic Signature of Signing Officer/Director Detail — Date