



State of Rhode Island and Providence Plantations
Office of the Secretary of State

No Fee

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Foreign Business Corp
Annual Report - Amended**

(Section 7-1.2-1501(e) of the General Laws of Rhode Island, 1956, as amended)

This form is only to be used to amend the current annual report on file with this office.

ANNUAL REPORT YEAR: 2010

1. Corporate ID No. 000149221

2. Name of Corporation PYRAMID HEALTHCARE SOLUTIONS, INC.

3. Street Address Principal Business Office:

No. and Street: 14141 46TH STREET NORTH, SUITE 1212

City or Town: CLEARWATER

State: FL Zip: 33762 Country: USA

5. State of Incorporation

State: CO

6. Brief Description of the Character of Business Conducted in Rhode Island

CONSULTING SERVICES TO HOSPITALS

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	MANOJ MALHOTRA	14141 46TH STREET NORTH, STE 1212 CLEARWATER, FL 33762 USA
TREASURER	YUDHISTER BAHL	14141 46TH STREET NORTH, STE 1212 CLEARWATER, FL 33762 USA
SECRETARY	MANOJ MALHOTRA	14141 46TH STREET NORTH, STE 1212 CLEARWATER, FL 33762 USA
VICE PRESIDENT	YUDHISTER BAHL	14141 46TH STREET NORTH, STE 1212 CLEARWATER, FL 33762 USA
DIRECTOR	ASHWANI GUPTA	14141 46TH STREET NORTH, STE 1212 CLEARWATER, FL 33762 USA
DIRECTOR	RAHUL RANA	14141 46TH STREET NORTH, STE 1212 CLEARWATER, FL 33762 USA
DIRECTOR	MANOJ MALHOTRA	14141 46TH STREET NORTH, STE 1212 CLEARWATER, FL 33762 USA
DIRECTOR	YUDHISTER BAHL	14141 46TH STREET NORTH, STE 1212 CLEARWATER, FL 33762 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CWP		\$1.00	1,000,000.00	307279

9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Signed this 17 Day of June, 2010 at 9:19:59 AM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By MICHAEL PRESS
Signature of Authorized Representative of the Corporation

ASSISTANT CONTROLLER
Title

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.

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