

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000000268

Entity Name: MEDICAL TRANSPORTATION MANAGEMENT, INC.

Current Principal Place of Business:

16 HAWK RIDGE CIRCLE
LAKE ST. LOUIS, MO 63367

Current Mailing Address:

16 HAWK RIDGE CIRCLE
LAKE ST. LOUIS, MO 63367 US

FEI Number: 43-1719762

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 TREASURER
Name HENEGHAN, JILL
Address 16 HAWK RIDGE CIRCLE
City-State-Zip: LAKE ST. LOUIS MO 63367

Title CFO
Name HENEGHAN, JILL
Address 16 HAWK RIDGE CIRCLE
City-State-Zip: LAKE ST. LOUIS MO 63367

Title SECRETARY
Name WIESE, THOMAS
Address 16 HAWK RIDGE CIRCLE
City-State-Zip: LAKE ST. LOUIS MO 63367

Title DIRECTOR
Name MACIA, ALAINA
Address 16 HAWK RIDGE CIRCLE
City-State-Zip: LAKE ST. LOUIS MO 63367

Title PRESIDENT
Name MACIA, ALAINA
Address 16 HAWK RIDGE CIRCLE
City-State-Zip: LAKE ST. LOUIS MO 63367

Title CEO
Name MACIA, ALAINA
Address 16 HAWK RIDGE CIRCLE
City-State-Zip: LAKE ST. LOUIS MO 63367

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: ALAINA MACIA

PRESIDENT

04/04/2024

Electronic Signature of Signing Officer/Director Detail

Date