

**DOCUMENT # P98000007339**

1. Entity Name

**TRI-COUNTY MEDICAL TRANSPORTATION SERVICE, INC.**

\_\_\_\_\_

Principal Place of Business	Mailing Address
150 S.W. 12TH AVENUE SUITE 310A POMPANO BEACH FL 33069	150 S.W. 12TH AVENUE SUITE 310A POMPANO BEACH FL 33069

<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State		City & State	
City	State	City	State

Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			

4. FEI Number <b>65-0814116</b>	Applied For
	Not Applicable

KATRYCH, DENNIS  
150 S.W. 12TH AVENUE  
SUITE 310A  
POMPANO BEACH FL 33069

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. 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 X Dennis Malyszch DATE X 3/16/01

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

[illegible][illegible]

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *[Signature]* X 3/16/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_