

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000007339

1. Entity Name
TRI-COUNTY MEDICAL TRANSPORTATION SERVICE, INC.



Principal Place of Business
3400 NE 14 ST., #218
POMPANO BEACH, FL 33062

Mailing Address
3400 NE 14 ST., #218
SUITE 310A
POMPANO BEACH, FL 33062

2. Principal Place of Business
3200 NE 14 STREET
Suite, Apt. #, etc.
218

3. Mailing Address
3200 NE 14 STREET
Suite, Apt. #, etc.
218

City & State
POMPANO BEACH, FL

City & State
POMPANO BEACH, FL

Zip
33062

Country

Zip
33062

Country



REINSTATEMENT

CR2E098 (6/04)

04-05

4. FEI Number
65-0814116

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KATRYCH, DENNIS 150 S.W. 12TH AVE. STE. 301A POMPANO BEACH, FL 33069	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200049778132 04/04/05--01019--003 ***300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dennis Katrych 3-16-05 954 942-7565

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #