

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000007339

FILED  
Mar 13, 2009  
Secretary of State

**Entity Name:** TRI-COUNTY MEDICAL TRANSPORTATION SERVICE, INC.

**Current Principal Place of Business:**

3200 NE 14TH STREET, #218  
POMPANO BEACH, FL 33062

**New Principal Place of Business:**

**Current Mailing Address:**

3200 NE 14TH STREET, #218  
POMPANO BEACH, FL 33062

**New Mailing Address:**

**FEI Number:** 65-0814116

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KATRYCH, DENNIS  
3200 N.E. 14 STREET  
SUITE 218  
POMPANO BEACH, FL 33062 US

**Name and Address of New Registered Agent:**

KATRYCH, OLIVIA  
3200 N.E. 14 STREET  
SUITE 218  
POMPANO BEACH, FL 33062 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: OLIVIA KATRYCH

03/13/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: KATRYCH, DENNIS  
Address: 3200 N.E. 14 STREET # 218  
City-St-Zip: POMPANO BEACH, FL 33062

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: KATRYCH, OLIVIA  
Address: 3200 N.E. 14 STREET # 218  
City-St-Zip: POMPANO BEACH, FL 33062

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: OLIVIA KATRYCH

PRES

03/13/2009

Electronic Signature of Signing Officer or Director

Date