

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000007339

**FILED**  
**Jan 13, 2012**  
**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, OLIVIA  
3200 N.E. 14 STREET  
SUITE 218  
POMPANO BEACH, FL 33062 US

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

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

**OFFICERS AND DIRECTORS:**

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

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: OLIVIA KATRYCH

PRES

01/13/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date