## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT #**

P98000007339



**FILED** Apr 21, 2003 8:00 am secretary of State

| TRI-COU   | NTY ME  | DICAL TRANSPORTA   | ATION SERVICE, INC                |  |  | 04-21-2003 903   | 534 011 ****13                             | 50.00   |                 |
|---|---|--|-----------------------------------|--|--|--|--|---|-----------------|
| Principal Place of Business 150 S.W. 12TH AVENUE 150 S.W. 12TH AVENUE SUITE 310A POMPANO BEACH FL 33069 Mailing Address 150 S.W. 12TH AVENUE SUITE 310A POMPANO BEACH FL 33069  |   |  |                                   |  |  |  |  |   |                 |
| 2. Principal F  |   |  | 3. Mailing Address                | 14 5+  | ant  | A LUDSTAUNI YEN EDINT ENTIL MÜTILE MÜSTE MÜDTE   | 001(1 00;11 16000 1)10                     | E INTER CONTROL                                   |                 |
| Suite, Apt.   | t. #, etc.  | 5 17 J7 LEN  | Suite, Apt. #, etc. 2   8         | 19/2/  | 201  | ☐ CHECK HERE IF MA   | AKING CHANGES                              | 3   |                 |
| City & Star   |   | BCh TL   | City & State                      | Boh  | 72   | 4. FEI Number 65-0814116   |  | pplied For<br>lot Applicable                      | 7               |
| Zip 3306  | 62  | Country  | 33062 TL                          | Country  | 7-   | 5. Certificate of Status Desired   | \$8.75 40                                  | lditional   |                 |
|   |   | e and Address of Current F   |                                   |  | ·  | 7. Name and Address of New Regist  | ered Agent                                 |   | ]_              |
| 1/4 70 1/01   |   |  |                                   | Name   |  |  |  |   |                 |
| KATRYCH, DENNIS<br>150 S.W. 12TH AVENUE   |   |  |                                   | Street A   | Street Address (P.O. Box Number is Not Acceptable) |  |  |   |                 |
| SUITE 31  | 0A  |  |                                   |  |  |  |  |   | 1               |
| POMPAN  | O BEACH   | FL 33069   |                                   | City   | , , , <u>, , , , , , , , , , , , , , , , </u>      | ALVAN A  | FL Zip Coo                                 | de  |                 |
| 8. The above  | e named ent   | ity submits this statement for   | the purpose of changing its re    | egistered office or  | registered   | agent, or both, in the State of Florida.   | I am familiar with                         | , and accept                                      | 1               |
| the collgai   | uions or regi   | stered agent.  |                                   |  |  | u  | 10 -67                                     |   |                 |
| CICNIATURE  | <b>(A)</b>  | unnes to   | much                              |  |  | 9 ~  | 18-03                                      |   |                 |
| SIGNATURE   | Signature type  | nd or printed name of registered agent ar  | nd title if applicate (NOTE: 5    | Panietarad Agent cionat  | re required wh                                     |  | NATE                                       |   | 1               |
|   | Signature type  | od or printed name of registered agent ar  | nd title if applicate. (NOTE: F   | Registered Agent signat  | ure required wh                                    |  | DATE                                       |   |                 |
| F Afte  | Signature, type   | !!! FEE IS \$150.00<br>003 Fee will be \$550.00  |                                   | Registered Agent signat  | ure required wh                                    |  | g <b>\$5.</b> (                            | 00 May Be   |                 |
| Afte<br>Make Check  | Signature, type   | !!! FEE IS \$150.00<br>003 Fee will be \$550.00<br>to Florida Department of  | State                             |  | ore required wh                                    | en reinstating) t  9. Election Campaign Financin Trust Fund Contribution.                              | g \$5.0                                    | d to Fees   |                 |
| F Afte  | Signature, type   | !!! FEE IS \$150.00<br>003 Fee will be \$550.00  | State                             | Registered Agent signate   | are required wh                                    | en reinstating) t  | 9 \$5.0  Adde                              | d to Fees   | (60             |
| After<br>Make Check<br>10.  | Signature, type FILE NOW or May 1, 20 k Payable t  D KATRYCH    | III FEE IS \$150.00 103 Fee will be \$550.00 10 Florida Department of OFFICERS AND E   | State                             | 11.  | ore required wh                                    | en reinstating) t  9. Election Campaign Financin Trust Fund Contribution.                              | g \$5.0                                    | d to Fees   | 10/03/          |
| After Make Check 10.  TITLE NAME STREET ADDRESS   | FILE NOW<br>or May 1, 20<br>k Payable to<br>KATRYCI<br>150 S.W. | III FEE IS \$150.00 103 Fee will be \$550.00 10 Florida Department of OFFICERS AND E  H, DENNIS 12TH AVE. STE. 301A                  | State                             | 11. TITLE NAME STREET ADDRESS  | or beriuper en                                     | en reinstating) t  9. Election Campaign Financin Trust Fund Contribution.                              | 9 \$5.0  Adde                              | d to Fees   | 34 (10/02)      |
| Make Check 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP  | FILE NOW<br>or May 1, 20<br>k Payable to<br>KATRYCI<br>150 S.W. | III FEE IS \$150.00 103 Fee will be \$550.00 10 Florida Department of OFFICERS AND E   | State                             | 11.<br>TITLE<br>NAME   | ue required wh                                     | en reinstating) t  9. Election Campaign Financin Trust Fund Contribution.                              | 9 \$5.0  Adde                              | d to Fees   | DE034 (10/02)   |
| Make Check 10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE   | FILE NOW<br>or May 1, 20<br>k Payable to<br>KATRYCI<br>150 S.W. | III FEE IS \$150.00 103 Fee will be \$550.00 10 Florida Department of OFFICERS AND E  H, DENNIS 12TH AVE. STE. 301A                  | State                             | 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE  | ne required wh                                     | en reinstating) t  9. Election Campaign Financin Trust Fund Contribution.                              | 9 \$5.0  Adde                              | d to Fees   | CB2E034 (10/02) |
| Make Check 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME   | FILE NOW<br>or May 1, 20<br>k Payable to<br>KATRYCI<br>150 S.W. | III FEE IS \$150.00 103 Fee will be \$550.00 10 Florida Department of OFFICERS AND E  H, DENNIS 12TH AVE. STE. 301A                  | State DIRECTORS Delete            | 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME   | ure required wh                                    | en reinstating) t  9. Election Campaign Financin Trust Fund Contribution.                              | g \$5.0 Adde  AND DIRECTOR Change          | d to Fees  RS IN 11  Addition                     | CB2E034 (10/02) |
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| Make Check  10.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP   | FILE NOW<br>or May 1, 20<br>k Payable to<br>KATRYCI<br>150 S.W. | III FEE IS \$150.00 103 Fee will be \$550.00 to Florida Department of OFFICERS AND E H, DENNIS 12TH AVE. STE. 301A 10 BEACH FL 33069 | State DIRECTORS Delete            | 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP  | ure required wh                                    | en reinstating)  9. Election Campaign Financin Trust Fund Contribution.  ADDITIONS/CHANGES TO OFFICERS | g \$5.0 Adde  AND DIRECTOR Change          | d to Fees  S IN 11  Addition  Addition            | CROED34 (10/00) |
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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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP