Washington Metropolitan Area Transit Commission

2011 Carrier Annual Report Form

PLEASE NOTE:

- Each carrier holding a WMATC certificate of authority on January 1, 2011, must file a complete 2011 annual report and pay a $150 annual fee on or before **January 31, 2011**. To be timely, the report and fee must be received at WMATC's office by this date.
- Incomplete annual reports will not be accepted. All fields marked with an asterisk (*) must be completed. If any information is missing or incorrect, make all necessary corrections.
- Each carrier that fails to file a complete annual report on time will be assessed a **$100 late fee**. Each carrier that fails to pay the $150 annual fee on time will be assessed a separate **$100 late fee**.
- The WMATC operating authority of each carrier that has not filed a complete annual report and paid its annual fee and any assessed late fees will be automatically suspended effective May 3, 2011.
- Filing an annual report containing false information, or omitting information, may result in the assessment of a civil forfeiture.

1. ANNUAL REPORT OF:

1551	C.P.R. Medical Transportation LLC
*WMATC No.	*Name of Carrier (as shown on certificate of authority)

701 Ritchie Road, Capital Heights, Maryland 20743

*Street Address of Principal Place of Business

Mailing Address (if different from street address)

(240) 715-2862	(240) 483-9386	(301) 739-8128	contact@cprmedicaltransport.com
*Telephone Number	Other Telephone	Fax Number	E-mail

2. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Chetna Mehta		Chairman of the Board & CEO	
*Name		*Title	
(240) 715-2862	(240) 483-9386	(301) 739-8128	contact@cprmedicaltransport.com
*Telephone Number	Other Telephone	Fax Number	E-mail

3. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS
*(Complete section 3 only if the street address in section 1 is outside the Metropolitan District):

The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria, Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see www.wmatc.gov.

Name of Registered Agent for Service of Process

Street Address

Telephone Number	Other Telephone	Fax Number	E-mail

4. ***CHANGES:** Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

Mr. Bassiru Dante was removed from the position of manager and carrier contact person.

Ms. Chetna Mehta was appointed as Chairman of the Board & CEO, Treasurer and

Assistant Secretary and carrier contact person.

Mr. Kirti Mehta was appointed as President and Secretary.

5. ***LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** Choose one, and **only one**, of the following three options: (1) list your vehicles below; (2) make any necessary corrections on the enclosed vehicle list, check the box indicating all information is accurate, and return the list with both pages of this form; **or** (3) attach your own vehicle list to both pages of this form. Include **all** required information.

Fleet No. (if applicable)	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity
			See attached.			

6. ***CERTIFICATION:**

I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

Chetna Mehta

*Name (Type or Print)

*Signature

Chairman of the Board & CEO

*Title

01/07/2011

*Date

Carrier Name: C.P.R. Medical Transportation LLC
WMATC Certificate of Authority No.: 1551

FIFTH UPDATED WMATC VEHICLE LIST

(Submitted October 19, 2010)

FLEET No.	YEAR	MAKE	VEHICLE VIN	LICENSE PLATE	STATE REGISTERED	SEATING CAPACITY
1 ✓	2006	Ford	1FTNS24WX6HA97907	44327B	MD	3 ambulatory seat ("amb") 2 wheel chair seat ("wheel")
2 ✓	2006	Ford	1FBSS31L56HA13029	44336B	MD	4 amb 2 wheel
3 ✓	2006	Ford	1FTNS24W46DB21951	44329B	MD	6 amb 2 wheel
4 ✓	2004	Dodge	WD2PD644945695329	40514B	MD	5 amb 2 wheel
5 ✓	2007	Ford	2FMZA51637BA18694	44328B	MD	7 amb
6 ✓	2006	Ford	2FMZA516X6BA58284	44330B	MD	7 amb
7 ✓	2003	Toyota	JTDBR32E030042696	44320B	MD	4 amb
8 ✓	2008	Ford	1FBSS31L1BDA25575	44150B	MD	15 amb
9 ✓	2008	Ford	1FBSS31L38DA27747	44157B	MD	15 amb
10 ✓	2008	Ford	1FBSS31L88DA06201	44154B	MD	15 amb
11 ✓	2008	Ford	1FBSS31L98DA09270	48903B	MD	15 amb
12 ✓	2008	Ford	1FBSS31L68DA25572	44156B	MD	15 amb
13 ✓	2008	Ford	1FBSS31L88DA17733	44153B	MD	15 amb
14 ✓	2008	Ford	1FBSS31L78DA24026	44155B	MD	15 amb
15 ✓	2008	Ford	1FBSS31L28DA09255	44049B	MD	15 amb
16 ✓	2008	Ford	1FBSS31L08DA09285	44152B	MD	15 amb
17 ✓	2004	Toyota	5TDZA23C84S065820	43909B	MD	7 amb
18 ✓	2009	Ford	1FTNS24W09DA88628	44316B	MD	3 amb 2 wheel
19 ✓	2009	Ford	1FTNS24W99DA88627	43611B	MD	4 amb
20 ✓	2009	Ford	1FTNS24W29DA88629	43612B	MD	4 amb
21 ✓	2010	Ford	3FAHP0GA3AR226523	47608B	MD	4 amb
22 ✓	2010	Ford	1FAHP3FN5AW154761	44321B	MD	4 amb
23 ✓	2008	Toyota	5TD2K23C38S186497	44322B	MD	4 amb 1 wheel
24 ✓	2010	Ford	2FMGK5CC5ABA71623	44319B	MD	7 amb
25 ✓	2010	Toyota	5TDKK4CC8AS337207	44318B	MD	4 amb 1 wheel
26 ✓	2002	Chrysler	2C4GP44322R757951	44325B	MD	7 amb
27 ✓	2010	Ford	1FTSS3EL3ADA10572	44324B	MD	5 amb 1 wheel
28 ✓	2002	Dodge	2B4GP74L52R715966	44323B	MD	7 amb
29 ✓	2010	Ford	1FAHP2DW8AG157637	H518857	VA	4 amb
30 ✓	2010	Ford	2FMGK5BC1ABA58224	H518856	VA	7 amb
31 ✓	2010	Dodge	2D4RN4DE9AR248005	H518858	VA	3 amb 2 wheel
32 ✓	2010	Ford	1FTNS2EL8ADA58222	49371B	MD	5 amb 2 wheel
33 ✓	2010	Ford	1FTNS2EL5ADA68707	49372B	MD	5 amb 2 wheel
34 ✓	2010	Ford	1FTNS2EL6ADA58221	49373B	MD	5 amb 2 wheel
35 ✓	2004	Ford	2FMZA51684BA73475	47346B	MD	4 amb 1 wheel
36 ✓	2007	Ford	2FMZA51607BA08625	47345B	MD	4 amb 1 wheel