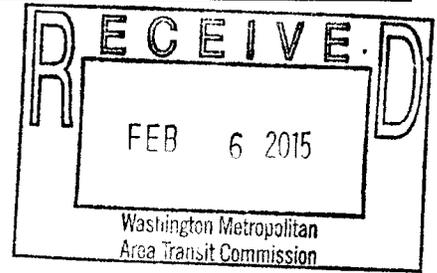


# Washington Metropolitan Area Transit Commission

## 2015 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



**1. CARRIER INFORMATION:**

2409 | Care Perfections Medical Transportation Inc.

\*WMATC No. \*Name of Carrier (as shown on certificate of authority)

9105-C Owens Drive, #201 | | Manassas Park | VA | 20111-4836

\*Street Address of Principal Place of Business | Apt./Suite | City | State | Zip

Mailing Address (if different from street address) | Apt./Suite | City | State | Zip

(703) 659-9640 | | (703) 659-9616 | transport@careperfections.com

\*Telephone | Other Telephone | Fax | E-mail

**2. OTHER PASSENGER CARRIER AUTHORITY (if applicable, list carrier/permit number):**

USDOT No. | DCTC No. | 219 | Maryland PSC No.

219

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

Mr. Kwasi Anwomea | Vice-President

\*Name | \*Title

(571) 224-2823 | | (703) 659-9616 | kwasi@careperfections.com

\*Telephone | Other Telephone | Fax | E-mail

**4. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS**

\*Complete section 4 only if the principal place of business 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](http://www.wmatc.gov).

Charles Oteng Mensah | (571) 357-9280 | transport@careperfections.com

Name of Registered Agent for Service of Process | Telephone | E-mail

6702 Tower Drive, #206 | | Alexandria | VA | 20111-6702

Agent Address (must be inside Metropolitan District) | Apt./Suite | City | State | Zip

5. **\*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.

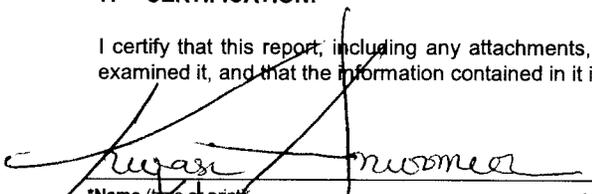
N/A

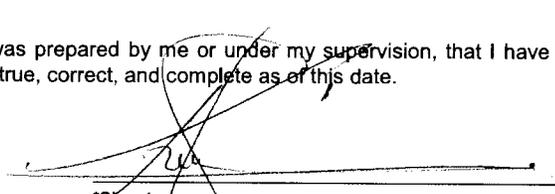
6. **\*LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** (1) list your vehicles below or (2) attach a complete vehicle list to both pages of this form. If you have more than 10 vehicles in your fleet, you must use option 2. Include **all** required information.

Fleet No. If applicable	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	Wheelchair Lift or Ramp Yes/No
	2000	FORD	1FTNE24W96DA32200	H519773	VA	8	YES
	2002	FORD	1FDPE24L22HB80075	H519872	VA	5	YES
	2005	FORD	1FTNE24W6SHB44873	H519870	VA	5	YES
	2005	DODGE	2DAGP44L95R220000	H518932	VA	7	NO

7. **\*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.

  
 \*Name (type or print) \_\_\_\_\_  
 Administrator  
 \*Title (not required for sole proprietors) \_\_\_\_\_  
 Vice President

  
 \*Signature \_\_\_\_\_  
 1/29/15  
 \*Date \_\_\_\_\_