

Chris Aquino

From: WMATC E-Filing <administrator@wmatc.gov>
Sent: Tuesday, January 26, 2016 3:02 PM
To: Constantine Kolouas; Chris Aquino
Subject: 2016 Annual Report - WMATC No: 1210, Carrier Name: First Choice Health Services LLC

Washington Metropolitan Area Transit Commission 2016 Carrier Annual Report Form

FILING INFORMATION:

- Each carrier holding a WMATC certificate of authority on January 1, 2016, must file a complete 2016 annual report and pay a \$175 annual fee on or before **February 1, 2016**. To be timely, the report and fee must be received at WMATC's office by 4:30 p.m. (or submitted online by 11:59 p.m.) on that 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 **\$150 late fee**. Each carrier that fails to pay the \$175 annual fee on time will be assessed a separate **\$150 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 1, 2016.
- Filing an annual report containing false information, or omitting information, may result in the assessment of a civil forfeiture.

Read the accompanying instructions carefully before completing this form.

1. ANNUAL REPORT OF:

WMATC No.: 1210

Name of Carrier (as shown on certificate of authority): First Choice Health Services LLC

Trade Name:

Principal Place of Business

Street Address: 14802 BOWIE FARM CT.

Apt./Suite:

City: BOWIE

State: MD

Zip: 20721

Mailing Address (if different from street address)

Street: 14802 BOWIE FARM CT.

Apt./Suite:

City: BOWIE

State: MD

Zip: 20721

Telephone Number: (301)383-1235
Other Telephone: 2029045237
Fax Number: (301)383-1236
E-mail: jngwafa01@yahoo.com

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

USDOT No.: 2445553
DCTC No.:
Virginia DMV passenger carrier No.:
Maryland PSC No.:

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

Name: JOSEPH NGWAFWA
Title: PRESIDENT
Telephone Number: 2029045237
Other Telephone:
Fax Number: (301)383-1236
E-mail: jngwafa01@yahoo.com

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.

Name of Registered Agent for Service of Process: JOSEPH NGWAFWA
Agent Address: 14802 BOWIE FARM CT.
Apt./Suite:
City: BOWIE
State: MD
Zip: 20721
Telephone Number: 2029045237
E-mail: jngwafa01@yahoo.com

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.

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

Fleet No.	Year*	Make*	Vehicle VIN*	License Plate*	State*	Seating Cap.*	Wheel Chair
	2008	FORD E250	1FTNS14W68DA59708	58234B	MD	5	Yes
	2008	FORD E350	1FBNE31L48DB14867	51736B	MD	12	No
	2008	FORD E250	1FTNE24W88DA29879	53585B	MD	5	Yes
	2008	FORD E250	1FTNE24W48DA29880	53584B	MD	5	Yes
	2006	FORD E350	1FBNE31L06HB00308	58840B	MD	12	No
	2015	FORD TRANSIT 150	1FDZK1CM7FKA12841	60391B	MD	6	Yes
	2015	FORD TRANSIT 30	1FBZX2CM9FKB11192	60390B	MD	12	No

***Filer has chosen vehicle list option (1), vehicles listed above. No vehicle list file was uploaded.**

7. *CERTIFICATION:

I certify that this report, including any attachments, was prepared by me and 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: JOSEPH NGWAFA

Title: PRESIDENT

Date: 01/26/2016