Shanelle N. Hayes

From: WMATC E-Filing <compliance@wmatc.gov>
Sent: Sunday, January 10, 2021 5:05 PM
To: WMATC E-Filings
Subject: 2021 Annual Report - WMATC No: 3035, Carrier Name: American Health Care Services Inc.

Washington Metropolitan Area Transit Commission

2021 Carrier Annual Report Form

FILING INFORMATION:

- Each carrier holding a WMATC certificate of authority on January 1, 2021, must file a complete 2021 annual report and pay a $175 annual fee on or before **January 31, 2021.** To be timely, the report and fee must be received at the WMATC office by 4:30 p.m. on Friday, January 29, 2021, or submitted online by 11:59 p.m. on Sunday, January 31, 2021.

- Incomplete annual reports will not be accepted. All fields marked with an asterisk (*) must be completed. If any information is missing or incorrect, make 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, 2021.

- Filing an annual report containing false information, or omitting information, may result in a civil forfeiture

Read the accompanying instructions carefully before completing this form.

1. ANNUAL REPORT OF:
WMATC No.: 3035
Name of Carrier (as shown on certificate of authority): American Health Care Services Inc.
Trade Name:
Principal Place of Business
Street Address: 4427 7th St NE
Apt./Suite:
City: Washington
State: DC
Zip: 20017

Mailing Address (if different from street address)
Street:
Apt./Suite:
City:

State:
Zip:

Telephone Number: (202)529-3309
Other Telephone:
Fax Number: (301)270-0058
E-mail: jodimegwu@ahcsdc.com

2. OTHER PASSENGER CARRIER AUTHORITY (if applicable, list carrier/permit number):
USDOT No.:
DC DFHV No.:
Virginia DMV passenger carrier No.:
Maryland PSC No.:

3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):
Name: James Odimegwu
Title: President
Telephone Number: (202)549-5469
Other Telephone: (301)270-0054
Fax Number: (301)270-0058
E-mail: jodimegwu@ahcsdc.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:
Agent Address:
Apt./Suite:
City:
State:
Zip:
Telephone Number:
E-mail:

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.

None

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
1	2014	TOYOTA	5TDDK3DC8ES085367	B48177	DC	7	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: JAMES ODIMEGWU
Title: President
Date: 01/10/2021