

Shanelle N. Hayes

From: WMATC E-Filings
Sent: Tuesday, January 9, 2024 2:52 PM
To: WMATC carrier filings
Subject: 2024 Annual Report - WMATC No: 310, Carrier Name: LifeStar Response of Maryland, Inc.

Washington Metropolitan Area Transit Commission
2024 Carrier Annual Report Form

FILING INFORMATION:

- Each carrier holding a WMATC certificate of authority on January 1, 2024, must file a complete 2024 annual report and pay a \$175 annual fee on or before **January 31, 2024**. To be timely, the report and fee must be received at the WMATC 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 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, 2024.
- Filing an annual report containing false information, or omitting information, may result in a civil forfeiture.
- Make check or money order payable to WMATC. WMATC does not accept cash.

Read the accompanying instructions carefully before completing this form.

1. ANNUAL REPORT OF:

WMATC No.: 310

Name of Carrier (as shown on certificate of authority): LifeStar Response of Maryland, Inc.

Trade Name: LifeStar Response

Principal Place of Business

Street Address: 10840 Guilford Rd

Apt./Suite: STE 414

City: Annapolis Junction

State: MD

Zip: 20701

Mailing Address (if different from street address)

Street: 10840 Guilford Rd

Apt./Suite: STE 414

City: Annapolis Junction

State: MD
Zip: 20701

Telephone Number: (410)720-6060
Other Telephone:
Fax Number:
E-mail: tbaldwin@kqthealth.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.: 1985

3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):
Name: Teddy Baldwin
Title: Operations Manager
Telephone Number: (410)720-6060
Other Telephone:
Fax Number:
E-mail: tbaldwin@kqthealth.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: CT Corporation System
Agent Address: 1015 15th Street NW
Apt./Suite: 1000
City: Washington
State: DC
Zip: 20005
Telephone Number: (202)572-3100
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.

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
701	2022	Chrysler	2C4RC1CG7NR153887	BA86476	PA	4	Yes
702	2022	Chrysler	2C4RC1CG5NR153872	BA86477	PA	4	Yes
703	2022	Chrylser	2C4RC1CG3NR162893	BA86478	PA	4	Yes
707	2012	Ford	1FTNE2EW3CDA80004	ZDK6376	PA	4	Yes
708	2022	Chrysler	2C4RC1CG5NR162894	BA86481	PA	4	Yes
710	2012	Ford	1FTNE2EW1CDA77912	ZDK6375	PA	4	Yes
717	2012	Ford	1FTNE2EW4CDA26551	ZSV9568	PA	4	Yes
734	2012	Ford	1FTNE2EW5CDA48073	ZDP4646	PA	4	Yes
744	2012	Ford	1FTNE2EWXCDA79996	ZDK6370	PA	4	Yes

***Your vehicle list was attached to your submission.* 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: Teddy Baldwin
Title: Operations Manager
Date: 01/09/2024