

1.) CORPORATION NAME:

MEDICAL TRANSPORTATION MANAGEMENT, INC.

DUE DATE: **11/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F1419656**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMAV	5,000
COMBNV	45,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

MO

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 16 HAWK RIDGE DRIVE

CITY/ST/ZIP: LAKE ST LOUIS, MO 63367

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

<p>NAME: ALAINA MACIA TITLE: P/CEO ADDRESS: 16 HAWK RIDGE DRIVE CITY/ST/ZIP/CO: LAKE ST LOUIS, MO 63367</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: LYNN GRISWOLD TITLE: EXEC VP ADDRESS: 16 HAWK RIDGE DRIVE CITY/ST/ZIP/CO: LAKE ST LOUIS, MO 63367</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: DONALD C TIEMEYER TITLE: EXEC VP/GC/S ADDRESS: 16 HAWK RIDGE DRIVE CITY/ST/ZIP/CO: LAKE ST. LOUIS, MO 63367</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: PEGGY A GRISWOLD TITLE: COB OF DIRECTRS ADDRESS: 16 HAWK RIDGE DRIVE CITY/ST/ZIP/CO: LAKE ST LOUIS, MO 63367</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: J B BOWERS TITLE: DIRECTOR ADDRESS: 10222 EAST SOUTHWIND LANE #1006 CITY/ST/ZIP/CO: SCOTTSDALE, AZ 85262</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: Gary Richardson TITLE: TREASURER ADDRESS: 16 Hawk Ridge Drive CITY/ST/ZIP/CO: Lake St Louis, MO 63367</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: Patrick McNiff TITLE: VICE PRESIDENT ADDRESS: 16 Hawk Ridge Drive CITY/ST/ZIP/CO: Lake St Louis, MO 63367	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: Michele Lucas TITLE: VICE PRESIDENT ADDRESS: 16 Hawk Ridge Drive CITY/ST/ZIP/CO: Lake St Louis, MO 63367	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: Natasha Boekholt TITLE: VICE PRESIDENT ADDRESS: 16 Hawk Ridge Drive CITY/ST/ZIP/CO: Lake St Louis, MO 63367	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: Aaron Crowell TITLE: VICE PRESIDENT ADDRESS: 16 Hawk Ridge Drive CITY/ST/ZIP/CO: Lake St. Louis, MO 63367	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: Alison Whitelaw TITLE: VICE PRESIDENT ADDRESS: 16 Hawk Ridge Drive CITY/ST/ZIP/CO: Lake St. Louis, MO 63367	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.	
/s/ DONALD C TIEMEYER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DONALD C TIEMEYER, EXEC VP/GC/S PRINTED NAME AND CORPORATE TITLE
10/1/2012 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.	