



[info@tbmhealthservices.com](mailto:info@tbmhealthservices.com) | [tbmhealthservices.com](http://tbmhealthservices.com)

**ADDRESS**

225 Wilmington West Chester Pike  
Suite 200  
Chadds Ford, Pa. 19317

**PHONE & FAX**

(Cell) 1.609.972.1402  
(Office) 1.484.800.4106  
(Fax) 1.610-514-2535

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**Docket Number:** A-2023-3038880  
**Name:** TBM HEALTH SERVICES LLC  
**PUC:** 6426027  
**Date:** 5/12/2023

**To:** SECRETARY PA PUBLIC UTILITY COMMISSION  
400 NORTH STREET 2<sup>ND</sup> FLOOR  
HARRISBURG PA 17120

To Whom It May Concern:

TBM HEALTH SERVICES LLC with a **Docket Number of A-2023-3038880** and **PUC Number of 6426027** would like to request a name change to **TBM Ambulance Services CORP**. The sole owner of Tom Barnes Mbori has not changed, nor has the control of the business (Tom Barnes Mbori, 100% Control). Thank you in advance for assisting with this request.

Best Regards,

Tom Barnes Mbori  
Owner COO  
TBM Health Services LLC  
TBM Ambulance Services CORP

PENNSYLVANIA DEPARTMENT OF STATE  
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Pennsylvania Department of State

**-FILED-**

File #: 0012894024  
Date Filed: 2/13/2023

Articles of Incorporation  
DSCB: 15-1306/2102/2  
(rev. 11/3/2022)

Return document by mail to:  
**Tom Barnes Mbori**  
Name  
**225 Wilmington West Chester Pike**  
Address  
**CHADDS FORD PA 19317**  
City State Zip Code  
**TBMAMBULANCESERVICES@GMAIL.COM**  
 Return document by email to:

Read all instructions prior to completing. This form may be submitted online at <https://file.dos.pa.gov>.

Fee: \$125

I qualify for a veteran/reservist-owned small business fee exemption (see instructions)

- Check only one:  Business (§ 1306/§ 2102)  Management (§ 2703)  Benefit (§ 3303)  
 Business - statutory close (§ 2303)  Insurance (§ 3101)  Cooperative (§ 7102)  
 Professional (§ 2903)

In compliance with the requirements of the applicable provisions (relating to corporations and unincorporated associations), the undersigned, desiring to incorporate a corporation for profit, hereby states that:

1. The name of the corporation (*corporate designator required, i.e., "corporation," "incorporated," "limited," "company," or any abbreviation thereof. "Professional corporation" or "P.C." permitted for professional corporations*):

**TBM Ambulance Services Corp**

2. Complete part (a) or (b) – not both:

- (a) The address of this corporation's proposed registered office in this Commonwealth is:  
(*post office box alone is not acceptable*)

**225 Wilmington West Chester Pike CHADDS FORD PA 19317 CHESTER**

Number and Street City State Zip County

- (b) The name of this corporation's commercial registered office provider and the county of venue is:

c/o:

Name of Commercial Registered Office Provider

County

3. The corporation is incorporated under the provisions of the Business Corporation Law of 1988.

4. Check and complete one:

The corporation is organized on a nonstock basis.

The corporation is organized on a stock share basis and the aggregate number of shares authorized is:

PA DEPT OF STATE

FEB 13 2023

B0472-0232 02/13/2023 10:56 AM Received by Pennsylvania Department of State

5. The name and address, including number and street, if any, of each incorporator (all incorporators must sign below):

Name	Address
Tom Barnes Mbori	2 Cymbal Court Newark Delaware 19702

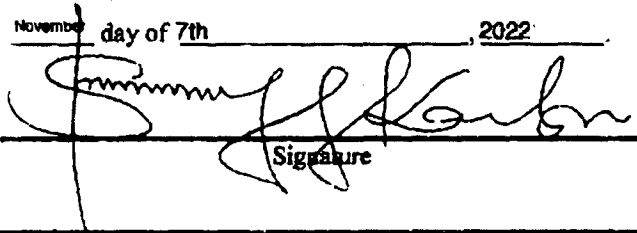
6. The specified future effective date, if any: 11/08/22  
 month/day/year hour, if any

7. Additional provisions of the articles, if any, attach an 8½ by 11 sheet.

8. *Statutory close corporation only:* Neither the corporation nor any shareholder shall make an offering of any of its shares of any class that would constitute a "public offering" within the meaning of the Securities Act of 1933 (15 U.S.C. § 77a et seq.)

9. *For Cooperative Corporation Only.*  
 Check and complete one:  
 The corporation is a cooperative corporation and the common bond of membership among its members is: n/a  
 The corporation is a cooperative corporation and the common bond of membership among its shareholders is: n/a

10. *Benefit corporations only:* This corporation shall have the purpose of creating general public benefit.  
 Strike out if inapplicable: This corporation shall have the purpose of creating the enumerated specific public benefit(s): n/a

IN TESTIMONY WHEREOF, the incorporator(s) has/have signed these Articles of Incorporation this  
 November 7 day of 7th, 2022  
  
 \_\_\_\_\_  
 Signature  
 \_\_\_\_\_  
 Signature  
 \_\_\_\_\_  
 Signature

Date of this notice: 08-24-2022

Employer Identification Number:  
88-3856169

Form: SS-4

Number of this notice: CP 575 A

TBM AMBULANCE SERVICES  
TOM BARNES MBORI SOLE MBR  
225 WILMINGTON W CHESTER PIKE  
CHADDS FORD, PA 19317

For assistance you may call us at:  
1-800-829-4933

IF YOU WRITE, ATTACH THE  
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 88-3856169. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Taxpayers request an EIN for their business. Some taxpayers receive CP575 notices when another person has stolen their identity and are opening a business using their information. If you did **not** apply for this EIN, please contact us at the phone number or address listed on the top of this notice.

When filing tax documents, making payments, or replying to any related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

Based on the information received from you or your representative, you must file the following forms by the dates shown.

Form 940	01/31/2023
Form 944	01/31/2023

If you have questions about the forms or the due dates shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification (corporation, partnership, etc.) based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2020-1, 2020-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

IMPORTANT INFORMATION FOR S CORPORATION ELECTION:

If you intend to elect to file your return as a small business corporation, an election to file a Form 1120-S, U.S. Income Tax Return for an S Corporation, must be made within certain timeframes and the corporation must meet certain tests. All of this information is included in the instructions for Form 2553, Election by a Small Business Corporation.

If you are required to deposit for employment taxes (Forms 941, 943, 940, 944, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), you will receive a Welcome Package shortly, which includes instructions for making your deposits electronically through the Electronic Federal Tax Payment System (EFTPS). A Personal Identification Number (PIN) for EFTPS will also be sent to you under separate cover. Please activate the PIN once you receive it, even if you have requested the services of a tax professional or representative. For more information about EFTPS, refer to Publication 966, *Electronic Choices to Pay All Your Federal Taxes*. If you need to make a deposit immediately, you will need to make arrangements with your Financial Institution to complete a wire transfer.

The IRS is committed to helping all taxpayers comply with their tax filing obligations. If you need help completing your returns or meeting your tax obligations, Authorized e-file Providers, such as Reporting Agents or other payroll service providers, are available to assist you. Visit [www.irs.gov/mefbusproviders](http://www.irs.gov/mefbusproviders) for a list of companies that offer IRS e-file for business products and services.

**IMPORTANT REMINDERS:**

- \* Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- \* Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- \* Refer to this EIN on your tax-related correspondence and documents.
- \* Provide future officers of your organization with a copy of this notice.

Your name control associated with this EIN is TBMA. You will need to provide this information along with your EIN, if you file your returns electronically.

Safeguard your EIN by referring to Publication 4557, *Safeguarding Taxpayer Data: A Guide for Your Business*.

You can get any of the forms or publications mentioned in this letter by visiting our website at [www.irs.gov/forms-pubs](http://www.irs.gov/forms-pubs) or by calling 800-TAX-FORM (800-829-3676).

If you have questions about your EIN, you can contact us at the phone number or address listed at the top of this notice. If you write, please tear off the stub at the bottom of this notice and include it with your letter.

Thank you for your cooperation.



## **VERIFICATION**

I, \_\_\_\_\_, hereby state that the facts above set forth are true and correct (or are true and correct to the best of my knowledge, information and belief) and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa.C.S. §4904 (relating to unsworn falsification to authorities).



\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**