



Interoffice Memorandum

AGENDA ITEM

APPROVED
BY ORANGE COUNTY BOARD
OF COUNTY COMMISSIONERS
OCT 21 2014 NP/KH

October 2, 2014

TO: Mayor Teresa Jacobs
-AND-
Board of County Commissioners

FROM: Christopher Hunter, M.D., PhD, Acting Medical Director
Health Services Department
Contact: (407) 836-7611

A handwritten signature in black ink, appearing to read "CH", is placed over the printed name of Christopher Hunter.

SUBJECT: Paratransit Service License
Promed Transportation Corp.
Consent Agenda – October 21, 2014

The EMS Office of the Medical Director requests the approval of the Paratransit Service License for Promed Transportation Corp. has submitted the attached application requesting approval of a Paratransit Service License to provide wheelchair/stretchers service within Orange County.

The EMS Office of the Medical Director has determined that all requirements have been met by Promed Transportation Corp. as contained in Orange County Ordinance 2001-09. The public notice has been posted for this request and no objection has been received.

ACTION REQUESTED: Approval of the Paratransit Service License for Promed Transportation Corp. to provide wheelchair/stretchers service. The term of this license is from October 31, 2014 through October 31, 2016. There is no cost to the County. **(EMS Office of the Medical Director)**

CH/cf

Attachments

Cc: George Ralls, M.D., Acting Deputy County Administrator

License Paratransit Services

Orange County
Board of County Commissioners
Emergency Medical Services

This is to certify that PROMED TRANSPORTATION CORP.
has complied with the Orange County Code 2001-9 and Rules and Regulations
established by the Board of County Commissioners and is authorized to operate a Paratransit Service
in Orange County.

Date of Issue: October 31, 2014

Date of Expiration: October 31, 2016

40-18 (7/14)



[Signature]

Mayor, Board of County Commissioners



PARATRANSIT SERVICES:
APPLICATION FOR LICENSE

APPLICATION DATE: 8/28/2014

PROPOSED DATE OPERATIONS WILL BEGIN: 10/1/2014

SECTION I: GENERAL INFORMATION

1. **NAME OF SERVICE:** Promed Transportation Corp.

2. **BUSINESS ADDRESS (INCLUDE COUNTY):**

7901 Kingspointe PKWY #19
Orlando FL 32819

CONTACT INFORMATION: Business Phone (800) 649-9666

Mobile Phone (305) 304-5609

Email sg@promedtransport.com

4. **OWNERSHIP TYPE:** PRIVATE CORPORATION GOVERNMENT AGENCY OTHER

If other, please describe:

5. **CORPORATE OFFICERS AND DIRECTORS:**

<u>NAME</u>	<u>ADDRESS</u>	<u>POSITION</u>
Lucy Modric	1910 7th ave North 33461 Lake Worth FL	President

6. **LEVEL OF SERVICE:** WHEELCHAIR STRETCHER BOTH

7. **COMMUNICATIONS EQUIPMENT:** TELEPHONE TWO-WAY RADIO OTHER

If other, please describe:

SECTION II: REQUISITES TO OBTAINING LICENSE

1. PAYMENT OF ALL APPLICABLE FEES:

YES, DATE: NO

2. VEHICLE INSPECTION COMPLETED BY EMS OFFICE:

YES, DATE: NO

If not completed at the time of application, payment of fees and vehicle inspection by the EMS Office must be completed prior to commencing operations. Failure to do so may result in revocation of license.

3. REFERENCES/LETTERS OF SUPPORT SUBMITTED TO EMS OFFICE (Attachment I):

- Business or work references for 5 years, including one letter of reference
- Five personal references, including one letter of reference
- Five credit references, including one letter of reference

4. FINANCIAL STATEMENT SUBMITTED TO EMS OFFICE:

YES, DATE: 8/28/2014 NO

Example: Current letter from bank verifying business account status (no account numbers please).

5. PROOF OF INSURANCE SUBMITTED TO EMS OFFICE:


YES, DATE: 8/28/2014 NO

If insurance coverage has not been obtained at the time of application the provider must obtain insurance coverage and provide certificates of insurance coverage to the county prior to commencing operations. Failure to do so may result in revocation of license.

SECTION III: VEHICLES AND STAFFING

NUMBER OF VEHICLES IN OPERATION: 1

2. EMPLOYEE ROSTER:

NAME	FDL NUMBER	CURRENT CPR CARD	
		YES	NO
Carlos Rivera		<input checked="" type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input checked="" type="radio"/>
		<input type="radio"/>	<input checked="" type="radio"/>
		<input type="radio"/>	<input checked="" type="radio"/>
		<input type="radio"/>	<input checked="" type="radio"/>
		<input type="radio"/>	<input checked="" type="radio"/>

ATTACHMENT I: REFERENCES

- 1. List previous business experiences or work history for last five years. Submission of at least one letter of reference from list below is required.**

This business is established and operating out of West Palm Beach since 1997".

Currently looking to expand to Orange County.

- 2. List five personal or business references. Submission of at least one letter of reference from list below is required.**

NAME	ADDRESS	PHONE
Grayco systems and Consulting	201 Campbell Loop, Hattiesburg, MS, 39401	(601) 583-0430
Regents Park - Ari Hollander	6363 Verde Trail Boca Raton , FL 33433	(561) 483-9282
Gold Standard of Care	534 Datura Street #146 West Palm Beach	(561) 659-9330
Greg Sinclair Hospice Palm Beach	300 Northpoint Pkwy,#301 W.P.B, FL 33407	(561) 242-6238
North Lake Rehab - Jim Wagner	750 Bayberry Dr Lake Park, FL 33403	(561) 844-4396

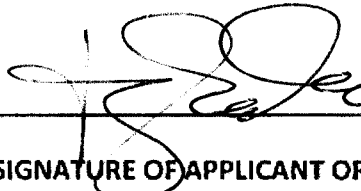
- 3. List five credit references. Submission of at least one letter of reference from list below is required.**

NAME	ADDRESS	PHONE
Fairmont Insurance	1600 60th St, Brooklyn, NY 11365	(718) 232-3300
Marcy Corporation	217 Ohio Road, Lake Worth, FL 33467	(561) 722-2272
Afco insurance	4501 College Blvd # 320 Leawood,KS 66211	(800) 288-6901
WEX BANK	PO BOX 6293 CAROL STREAM, IL 60197	(800) 492-0669
M&J Lift Services	PO BOX 1285 Dania, FL 33004	(954) 709-5650



PARATRANSIT SERVICES:
APPLICATION FOR LICENSE

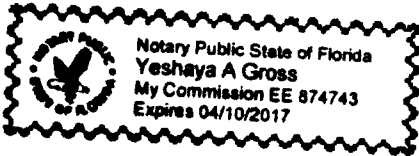
I, the undersigned representative of the service named in this application, do hereby attest the information provided in this application is truthful and honest to the best of my knowledge, and that my service meets all of the requirements for operation of a paratransit service in Orange County and the State of Florida. I acknowledge that as provided in Orange County Code of Ordinances Chapter 20, Division 3, Section 20-137, licenses obtained by an application in which any material fact was intentionally omitted or falsely stated are subject to revocation.

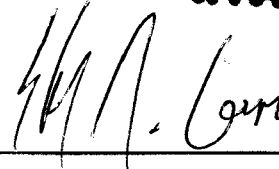


SIGNATURE OF APPLICANT OR REPRESENTATIVE

8/29/14

DATE

NOTARY SEAL 



NOTARY SIGNATURE