



Interoffice Memorandum

AGENDA ITEM

APPROVED
BY ORANGE COUNTY BOARD
OF COUNTY COMMISSIONERS
JAN 27 2015 NP/KH

January 27, 2015

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

FROM: Christopher Hunter, M.D., Ph.D., Director
Health Services Department
Contact: 407-836-7611

SUBJECT: Paratransit Service License
Central Med Transportation, LLC.
Consent Agenda – January 27, 2015

A handwritten signature in black ink, appearing to read "CH", located to the right of the "FROM" field.

The EMS Office of the Medical Director requests the approval of the renewal Paratransit Service License for Central Med Transportation, LLC. Central Med Transportation, LLC. 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 Central Med Transportation, LLC as contained in Orange County Ordinance 2001-09.

ACTION REQUESTED: Approval of the renewal Paratransit Service License for Central Med Transportation, LLC. to provide wheelchair/stretchers service. The term of this License is from February 1, 2015 through February 1, 2017. There is no cost to the County. **(EMS Office of the Medical Director)**

CH/cf

Attachments

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

License Paratransit Services

Orange County
Board of County Commissioners
Emergency Medical Services

This is to certify that CENTRAL MED TRANSPORTATION, LLC.
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: February 1, 2015 Date of Expiration: February 1, 2017

40-18 (7/14)



[Signature]
Mayor, Board of County Commissioners
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RENEWAL PARATRANSIT SERVICES:

APPLICATION FOR LICENSE

APPLICATION DATE: 1/13/2015

SECTION I: GENERAL INFORMATION

1. NAME OF SERVICE

CENTRAL MED TRANSPORTATION, LLC.

2. BUSINESS ADDRESS (INCLUDE COUNTY):

1250 TALLOW RD APOPKA FL 32703

3. CONTACT INFORMATION: Name

YELITZA VILERA

Business Phone

305-335-3387 _____

Mobile Phone _____

Email

_cmtransportaion18@gmail.com _____

4. OWNERSHIP TYPE: PRIVATE CORPORATION GOVERNMENT AGENCY OTHER

a. If other, please describe: _____

5. LEVEL OF SERVICE: WHEELCHAIR STRETCHER BOTH

6. PROOF OF CURRENT INSURANCE SUBMITTED TO EMS OFFICE:

• YES, DATE: 1/13/2015 NO

SECTION II: VEHICLES AND STAFFING

1. NUMBER OF VEHICLES IN OPERATION: 2

2. EMPLOYEE ROSTER:

<u>NAME</u>	<u>FDL NUMBER</u>	<u>CURRENT CPR CARD (Y/N)</u>
<u>_LUIS_E__CORREA</u>	<u> </u>	<u>YES</u>
<u>_GUTIE HERNANDEZ</u>	<u> </u>	<u>YES</u>
<u>_GEORGIA-READDING</u>	<u> </u>	<u>YES</u>
<u>RAFAEL FIGUEROA</u>	<u> </u>	<u>YES</u>

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 services 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.

Luis E. Correa
SIGNATURE OF APPLICANT OR REPRESENTATIVE

1/10/2015
DATE:



Kaisha Onokpise
NOTARY SIGNATURE