



Interoffice Memorandum

**AGENDA ITEM**

APPROVED  
BY ORANGE COUNTY BOARD  
OF COUNTY COMMISSIONERS

JUN 02 2015 *CSBS*

May 14, 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**

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

SUBJECT: Paratransit Service License  
Florida Medical Transport  
**Consent Agenda – June 2, 2015**

The EMS Office of the Medical Director requests the approval of the renewal Paratransit Services License for Florida Medical Transport. Florida Medical Transport has submitted the attached application requesting approval of a Paratransit Services 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 Florida Medical Transport as contained in Orange County Ordinance 2001-09.

**ACTION REQUESTED:** Approval of the renewal Paratransit Services License for Florida Medical Transport to provide wheelchair/stretchers service. The term of this License is from June 1, 2015 through June 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



**RENEWAL PARATRANSIT SERVICES:**

**APPLICATION FOR LICENSE**

APPLICATION DATE: April 27, 2015

**SECTION I: GENERAL INFORMATION**

1. NAME OF SERVICE: Florida Medical Transport
  
2. BUSINESS ADDRESS (INCLUDE COUNTY):  
389 E State 434  
Longwood FL 32750
  
3. CONTACT INFORMATION: Name Raza Manekia  
Business Phone 407 260 1230  
Mobile Phone 407 923 6765  
Email Fimedtransport@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: Feb - 2015                       NO

**SECTION II: VEHICLES AND STAFFING**

1. NUMBER OF VEHICLES IN OPERATION: 8

2. EMPLOYEE ROSTER:

<u>NAME</u>	<u>FDL NUMBER</u>	<u>CURRENT CPR CARD (Y/N)</u>
Sigfredo Melendez	[REDACTED]	Y
Shane Melcolm	[REDACTED]	Y
Sammie Poe III	[REDACTED]	Y
Carlos Ambiorix	[REDACTED]	N
Jesus Santos	[REDACTED]	N
Robert Valenzuela	[REDACTED]	Y
Scott Schnerdt	[REDACTED]	Y
Karume Foreman	[REDACTED]	N
Daniel Joseph	[REDACTED]	Y

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.

[Signature]  
 SIGNATURE OF APPLICANT OR REPRESENTATIVE

4/29/15  
 DATE: 5/11/15

NOTARY SEAL  
[Signature]



# License Paratransit Services

Orange County  
Board of County Commissioners  
Emergency Medical Services

This is to certify that FLORIDA MEDICAL TRANSPORT  
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: June 1, 2015 Date of Expiration: June 1, 2017

40-18 (7/14)

*[Signature]*  
\_\_\_\_\_  
Mayor, Board of County Commissioners

