



Legislation Text

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**File #:** 25-1135, **Version:** 1

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**Interoffice Memorandum**

**DATE:** August 5, 2025

**TO:** Mayor Jerry L. Demings and County Commissioners

**THROUGH:** Raul Pino, M.D., MPH, Department Director

**FROM:** Christian Zuver, M.D., Medical Director

**CONTACT:** Sandra D. Roe

**PHONE:** 407-836-7611

**DIVISION:** EMS, Office of the Medical Director

**ACTION REQUESTED:**

Approval and execution of the renewal Paratransit Services License for AdventHealth Emergency Medical Services to provide wheelchair/stretchers service. The term of this license shall be from September 26, 2025 and will terminate on September 25, 2027. There is no cost to the County. (**EMS, Office of the Medical Director**)

**PROJECT:** N/A

**PURPOSE:** The EMS Office of the Medical Director requests approval and execution of the Paratransit Services License for AdventHealth Emergency Medical Services. AdventHealth Emergency Medical Services has submitted the attached renewal 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 AdventHealth Emergency Medical Services as contained in Orange County Ordinance 2001-09. All interested and appropriate persons have been notified of this renewal application.

**BUDGET:** N/A



RECEIVED

RENEWAL PARATRANSIT SERVICES:

APPLICATION FOR LICENSE

DATE: 7/17/25

INITIALS: [Signature]

APPLICATION DATE:

SECTION I: GENERAL INFORMATION

- 1. NAME OF SERVICE: AdventHealth Emergency Medical Services
2. BUSINESS ADDRESS (INCLUDE COUNTY): 601 E Rollins Street, M/B #161, Orange County, Orlando, FL 32803
3. CONTACT INFORMATION: Name: Kevin Wall, Director
Business Phone: 407-303-5645
Mobile Phone: 407-466-2722
Email: kevin.wall@adventhealth.com
4. OWNERSHIP TYPE: [X] PRIVATE CORPORATION [ ] GOVERNMENT AGENCY [ ] OTHER
a. If other, please describe:
5. LEVEL OF SERVICE: [X] WHEELCHAIR [ ] STRETCHER [ ] BOTH
6. PROOF OF CURRENT INSURANCE SUBMITTED TO EMS OFFICE:
[X] YES, DATE: Expires 04/01/2026 [ ] NO

SECTION II: VEHICLES AND STAFFING

- 1. NUMBER OF VEHICLES IN OPERATION: 2
2. EMPLOYEE ROSTER: See attached

NAME Attached as above

CURRENT CPR CARD (Y/N) Yes

Provided to EMS Office YES

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 OF APPLICANT OR REPRESENTATIVE

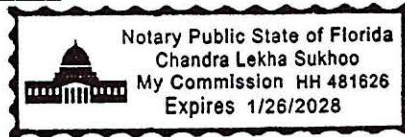
July 7, 2025

DATE:

NOTARY SEAL



NOTARY SIGNATURE



# License

## Paratransit Services

Orange County  
Board of County Commissioners  
Emergency Medical Services

This is to certify that AdventHealth Emergency Medical Services  
has complied with the Orange County Code 2001-09 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: September 26, 2025

Date of Expiration: September 25, 2027

*Byron W. Brooks*  
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Mayor, Board of County Commissioners

