



Interoffice Memorandum

AGENDA ITEM

March 2, 2023

TO: Mayor Jerry L. Demings  
-AND-  
County Commissioners

THRU: Raul Pino, MD, MPH, Director  
Health Services Department

FROM: Christian C. Zuver, M.D., Medical Director  
EMS Office of the Medical Director  
**Contact: (407) 836-7611**

Handwritten signatures of Raul Pino and Christian C. Zuver.

SUBJECT: Paratransit Services License  
Top Choice Medical Transport, LLC  
**Consent Agenda – March 21, 2023**

The EMS Office of the Medical Director requests approval and execution of the Paratransit Services License for Top Choice Medical Transport, LLC. Top Choice Medical Transport, LLC 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 Top Choice Medical Transport, LLC 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 and execution of the Paratransit Services License for Top Choice Medical Transport, LLC to provide wheelchair/stretchers service. The term of this license shall be from March 21, 2023 and terminate on March 20, 2025. There is no cost to the County. **(EMS Office of the Medical Director)**

CCZ/jj

Attachments

# License Paratransit Services

**Orange County  
Board of County Commissioners  
Emergency Medical Services**

This is to certify that Top Choice Medical Transport, 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: March 21, 2023 Date of Expiration: March 20, 2025

40-18 (7/14)

*Brian W. Burns*  
Mayor, Board of County Commissioners





PARATRANSIT SERVICES:



APPLICATION FOR LICENSE

APPLICATION DATE: 3/02/2022

PROPOSED DATE OPERATIONS WILL BEGIN: \_\_\_\_\_

SECTION I: GENERAL INFORMATION

1. NAME OF SERVICE: TOP CHOICE MEDICAL TRANSPORT, LLC

2. BUSINESS ADDRESS (INCLUDE COUNTY):

1003 S. KIRKMAN RD, SUITE 202  
ORLANDO, FL 32811 (ORANGE COUNTY)

3. CONTACT INFORMATION: Business Phone 407-233-4421

Mobile Phone 407-782-7169

Email INFO@TCMEDICALTRANSPORT.COM

4. OWNERSHIP TYPE:  PRIVATE CORPORATION  GOVERNMENT AGENCY  OTHER

a. If other, please describe: \_\_\_\_\_

5. CORPORATE OFFICERS AND DIRECTORS:

<u>NAME</u>	<u>ADDRESS</u>	<u>POSITION</u>
<u>MARLYN HORRATH-JUSTE</u>	<u>3141 FARLAND RD, ORANGE FL</u>	<u>MANAGING</u>
<u>STANLEY JUSTE</u>	<u>3141 FARLAND RD, ORANGE FL</u>	<u>DIRECTOR</u>
		<u>MANAGER</u>

6. LEVEL OF SERVICE:  WHEELCHAIR  STRETCHER  BOTH

7. COMMUNICATIONS EQUIPMENT:  TELEPHONE  TWO-WAY RADIO  OTHER

a. If other, please describe: DISPATCH SOFTWARE (SAMARA)

**SECTION II: REQUISITES TO OBTAINING LICENSE**

1. PAYMENT OF ALL APPLICABLE FEES:

YES, DATE: 12/28/22  NO

2. VEHICLE INSPECTION COMPLETED BY EMS OFFICE:

YES, DATE: \_\_\_\_\_  NO

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

- Verifiable business or work references for 5 years, including one notarized letter of reference
- Five verifiable personal/business references, including two notarized letters of reference
- Five verifiable credit references, including two notarized letters of reference

4. CURRENT NOTARIZED FINANCIAL STATEMENT SUBMITTED TO EMS OFFICE:

YES, DATE: \_\_\_\_\_  NO

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

5. PROOF OF INSURANCE SUBMITTED TO EMS OFFICE:

YES, DATE: Approved by Risk 12/28/22  NO

**SECTION III: VEHICLES AND STAFFING**

1. NUMBER OF VEHICLES IN OPERATION: 5

2. EMPLOYEE ROSTER:

<u>NAME</u>	<u>CURRENT CPR CARD (Y/N)</u>
STANLEY JUSTE	Y
JUDIEY BONEIL	Y
SANSA DANIELS	Y
DAVID SEMERANT	Y
CLEBERT PHILIPPE	Y

### ATTACHMENT I: REFERENCES

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

PRESIDENT - GREATER HAITIAN AMERICAN CHAMBER OF COMMERCE
FOUNDER - MJ SOLUTIONS (CONSULTING FIRM)

2. List five personal or business references. Submission of two notarized letters of reference from list below is required.

NAME	ADDRESS	PHONE
✓ DR. SAMUEL JEAN	931 WEKIVA SPRINGS LONGWOOD, FL	407 960 6075 / 407.
✓ MARIO BALLANTYNE	3945 ROSE OF SHAW DR Deland, FL	321-368-7732) 592
✓ DEBRA SMITH	2001 ALSTON BAY APOPKA, FL	386-837 9959 607.
✓ JEAN PERILLANT	12657 TRIS LAKE DR Deland FL	860-881-0102 (CEI)
✓ ATTORNEY KELMAN HARRELL	5401 S. KIRKMAN RD, 57725 Orlando, FL	407-603-604;

3. List five credit references. Submission of two notarized letters of reference from list below is required.

NAME	ADDRESS	PHONE
✓ COLYN COMBERBATCH	PRE-PRESIDENT PLAZA - 12th Bldg, NY	516-710-1393
ALAN ABABON	4475 S. KIRKMAN RD Deland, FL	407 206 5089
RENU VARDHAN	360 CROWN OAK CENTER DR Longwood, FL	407 / 634-3555
ERNEST PAGE	1003 S. KIRKMAN RD, Deland, FL	407 844-5858
TINA REDNOUR	1041 PERDUVE CROSSING COURT	636-561-0048
✓ TD BANK	SUITE A O'FALCON, MO	EXT. 509

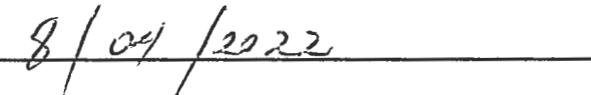


**PARATRANSIT SERVICES:**  
**APPLICATION FOR LICENSE**

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 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



DATE

NOTARY SEAL



NOTARY SIGNATURE

