



Interoffice Memorandum

**AGENDA ITEM**

August 25, 2023

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

 MD. MPH.

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**



SUBJECT: Paratransit Services License  
Renewal for Frang Zeal, LLC  
**Consent Agenda – September 12, 2023**

The EMS Office of the Medical Director requests approval and execution of the Paratransit Services License for Frang Zeal, LLC. Frang Zeal, LLC 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 Frang Zeal, LLC. as contained in Orange County Ordinance 2001-09. All interested and appropriate persons have been notified of this renewal application.

**ACTION REQUESTED:** Approval and execution of the renewal Paratransit Services License for Frang Zeal, LLC to provide wheelchair/stretchers service. The term of this license shall be from December 31, 2023 and will terminate on December 30, 2025. There is no cost to the County. **(EMS Office of the Medical Director)**

CCZ/jj

Attachments



**RENEWAL PARATRANSIT SERVICES:**

**APPLICATION FOR LICENSE**

**RECEIVED**

APPLICATION DATE: 8/10/2023

DATE: 8/11/23

INITIALS: *[Signature]*

**SECTION I: GENERAL INFORMATION**

- 1. NAME OF SERVICE: FRANK ZEAL LLC.
- 2. BUSINESS ADDRESS (INCLUDE COUNTY): 1060 WOODCOCK RD  
ORLANDO, FL 32803
- 3. CONTACT INFORMATION: Name: FRANKIE DAVIDA  
Business Phone: 407-630-1651  
Mobile Phone: 719-661-9127  
Email: FRANK@FRANKZEAL.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: Expires 3/1/2024     NO

**SECTION II: VEHICLES AND STAFFING**

- 1. NUMBER OF VEHICLES IN OPERATION: 4
- 2. EMPLOYEE ROSTER: ATTACHED

<u>NAME</u>	<u>CURRENT CPR CARD (Y/N)</u>
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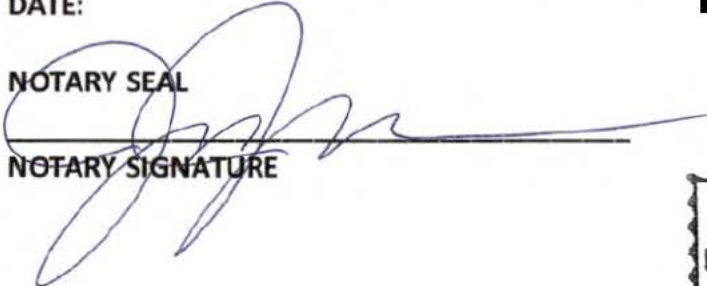
Provided to EMS Office

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

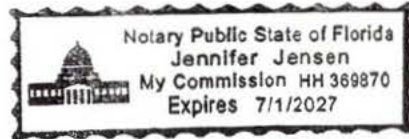
operation of a paratransit services in Orange County and the State of Florida. I acknowledge that as provided in Orange County Code of Ordinances Chapter 20, Division 3, Section 20-137, licenses obtained by an application in which any material fact was intentionally omitted or falsely stated are subject to revocation.

  
\_\_\_\_\_  
SIGNATURE OF APPLICANT OR REPRESENTATIVE

8/11/2023  
DATE:

NOTARY SEAL  
  
\_\_\_\_\_  
NOTARY SIGNATURE

Driver's License



# License

## Paratransit Services

Orange County  
Board of County Commissioners  
Emergency Medical Services

This is to certify that Frang Zeal, LLC  
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: December 31, 2023

Date of Expiration: December 30, 2025

Byron W. Brooks  
Mayor, Board of County Commissioners

