

May 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 Directo

EMS Office of the Medical Director

Contact: (407) 836-7611

SUBJECT: Paratransit Services License

Leading Care Transport, LLC

Consent Agenda - March 23, 2023

The EMS Office of the Medical Director requests approval and execution of the Paratransit Services License for Leading Care Transport, LLC. Leading Care Transport, LLC has submitted the attached application requesting approval of a Paratransit Services License to provide wheelchair/stretcher service within Orange County.

The EMS Office of the Medical Director has determined that all requirements have been met by Leading Care 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 Leading Care Transport, LLC to provide wheelchair/stretcher service. The term of this license shall be from May 23, 2023 and terminate on May 22, 2025. There is no cost to the County. **(EMS Office of**

the Medical Director)

CCZ/jj

Attachments



APPLICATION FOR LICENSE CEIVEL

DATE: 10/19/2022 INITIALS:

1.	NAME OF SERVICE: LEADING CARE TRANSPORT LLC				
2.	BUSINESS ADDRESS (INCLUDE COUNTY):				
	13055 HEMING WAY, ORLANDO FL 32825				
3.	CONTACT INFORMATION: Business Phone 4072883325				
	Mobile Phone 4072883325				
	Email LEADINGCARETRANSPORTLLC@GMAIL.COM				
4.	OWNERSHIP TYPE: ZPRIVATE CORPORATION GOVERNMENT AGENCY DOTH				
	a. If other, please describe:				
5.	CORPORATE OFFICERS AND DIRECTORS:				
	NAME ADDRESS POSITION DUVAN RAMIRES 13055 HEMING WAY ORLANDO OWNER				

SECTION II: REQUISITES TO OBTAINING LICENSE

1.	PAYM	ENT OF ALL APPLICABLE FE	ES:	
	☑ YES	DATE: 10/19/202	2	□NO
2.	VEHIC	LE INSPECTION COMPLETED	BY EMS OF	FICE:
	T YES	, DATE:		□NO
3.	REFER	ENCES/LETTERS OF SUPPOR	T SUBMITT	ED TO EMS OFFICE (Attachment I):
	Z	Verifiable business or work letter of reference	k references	for 5 years, including one notarized
	Z	Five verifiable personal/bureference	usiness refe	rences, including two notarized letters of
	Ø	Five verifiable credit refere	ences, inclu	ding two notarized letters of reference
4.	CURRE	NT NOTARIZED FINANCIAL	STATEMEN	SUBMITTED TO EMS OFFICE:
	☑ YES	, DATE: <u>09/23/22</u>		□NO
		ole: Current letter from bani ers please).	k verifying b	usiness account status (no account
5.	PROOI	F OF INSURANCE SUBMITTE	D TO EMS C	OFFICE:
	Z YES	, DATE:		□NO
SECTIO	ON III:	VEHICLES AND STAFFI	NG	
1.	NUMI	BER OF VEHICLES IN OPERA	TION: 02	
2.	EMPL	OYEE ROSTER:		
	NAME			CURRENT CPR CARD (Y/N)
DUVAN	RAMIF	REZ VELEZ	YES	

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.

M&L CONSTRUCTION	

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

NAME	ADDRESS	PHONE	
ALEXANDER ROSARIO	13055 HEMING WAY, ORLANDO FL 32825	3213318458	
SCARLET ESPINOSA	13628 GABOR AV, ORLANDO FL 32827	3058044349	
BETHSY RODRIGUEZ	960 BELLA VIDA BLVD, ORLANDO FL 32828	4076685524	
JORGE FOREST	960 BELLA VIDA BLVD, ORLANDO FL 32828	3213569582	
RICARDO MARTINEZ	10518 GREEN IVY LN, ORLANDO FL 32828	4073679410	

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

NAME	ADDRESS	PHONE
PNC BANK	650 S ALAFAYA TRL ORLANDO FL 32828	4072498600
BANK OF AMERICA	700 S ALAFAYA TRAIL, ORLANDO FL 32828	4072072810
CAPITAL ONE	P.O. Box 30285 Salt Lake City, UT 84130	18002274825
DISCOVER	PO Box 30416 Salt Lake City, UT 84130	18003477000
AMERICAN EXPRESS	200 Vesey Street Manhattan, New York City, NY 10285	18336982566



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 paratranslt 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.

		1			
SIGN	ATURE OF A	APPLICA	NT OR R	EPRESENT	TATIVE
DATE	10/1	8	202	.2	-
NOTA	ARY SEAL				
NOT!	ARY SIGNAT	TURE			

FL Jurat Notary Certificate

Document Name:	hatnensit Danico.
	Application for Licemor.
STATE OF FLORIDA COUNTY OF (County when	re notarization accurred)
Sworn to (or affirmed) ard	d subscribed by personally appearing before me by physical presence this 18.
	(Signature of notary public)
S. R. S.	SONILA GJIKURIA Notary Public, State of Florida Commission# GG 313157 My comm. expires May 9, 2023 (Name of notary public)
Official Seal	My commission expires: HOY 9, 2023
Personally known Produced identification _	Type of identification produced:



Orange County
Board of County Commissioners
Emergency Medical Services

This is to certify that Leading	Care Transport, LLC	
has complied with the Orange County Code	2001-9	and Rules and Regulations
established by the Board of County Commission	ers and is authorized to o	perate a Paratransit Service
in Orange County.	NUMBER	
Date of Issue: May 23, 2023	Date of Expiration:	May 22, 2025
40-18 (7/14)	Byww. I Amayor, Board of Co	unty Commissioners.