



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

**RECEIVED**

**DATE:** 3/16/26  
**INITIALS:** [Signature]

**APPLICATION DATE:** 03/09/2026

**PROPOSED DATE OPERATIONS WILL BEGIN:** 03/16/2026

**SECTION I: GENERAL INFORMATION**

1. **NAME OF SERVICE:** Amway Medical Billing and Supply LLC dba Life+Care Transport

2. **BUSINESS ADDRESS (INCLUDE COUNTY):**

326 Winghurst Blvd  
Orlando FL 32828 Orange County

3. **CONTACT INFORMATION:** **Business Phone** (407) 988-9721

**Mobile Phone** (407) 907-0342

**Email** info@lifecare-transport.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>
Carmen Torres	326 Winghurst Blvd FL32828	President
Jesus Ramon Rodrigo	326 Winghurst Blvd FL 32828	Transportation Director

6. **LEVEL OF SERVICE:**  **WHEELCHAIR**  **STRETCHER**  **BOTH**

7. **COMMUNICATIONS EQUIPMENT:**  **TELEPHONE**  **TWO-WAY RADIO**  **OTHER**

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

**SECTION II: REQUISITES TO OBTAINING LICENSE**

**1. PAYMENT OF ALL APPLICABLE FEES:**

YES, DATE: 03/05/2026  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: 03/12/2026  NO

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

**5. PROOF OF INSURANCE SUBMITTED TO EMS OFFICE:**

YES, DATE: 03/13/2026  NO

**SECTION III: VEHICLES AND STAFFING**

**1. NUMBER OF VEHICLES IN OPERATION:** 1

**2. EMPLOYEE ROSTER:**

<u>NAME</u>	<u>CURRENT CPR CARD (Y/N)</u>
Jesus Ramon Rodrigo	Y
Diego Vargas Jimenez	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.**

February 2018-February 26, 2026 - Amway TransCare (NEMT)
1. Provide field-level operational oversight for NEMT services supporting Modivcare, Alivi, Ride 2MD and MTM
2. Conduct compliance checks, resolve service issues and support provider performance standards.
3. Review contracts and ensure adherence to broker and regulatory requirements.
4. Transported members to dialysis, doctor's appts., and to other non-emergency medical appts.

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

NAME	ADDRESS	PHONE
Juan Beloso	11576 Petite Promenade Lane, Orlando FL 32832	(407) 625-6209
Pamela Allen	551 Bella Vida Blvd Orlando FL 32828	(407) 497-7635
Lourdes Ignacio	209 Roscommon Ct. Orlando FL 32828	(407) 495-8240
Juan Monty Nabong	2605 Wembleycross Way, Orlando FL 32828	(407) 810-1585
Lolita Sta.Maria	2018 Stone Cross Circle, Orlando FL 32828	(407) 990-9833

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

NAME	ADDRESS	PHONE
Larry Cascagnette	Cartridges Unlimited, Penetanguishene Canada	(416) 550-8080
Dynamic Towing & Auto Repa	6408 Old Cheney Hwy, Orlando FL 32807	(321) 229-9635
Amazing Products Int'l - API	1075 N Ronald Reagan Blvd #A Longwood FL 32750	(407) 353-6531
Ross Nabong - ROSNAB	651 Upperriver Ct. Orlando FL 32828	(407) 924-6365
Creative Forms & Supplies	Jim - 1015 Claymont Blvd Orlando FL 3724	(407) 463-8912



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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.

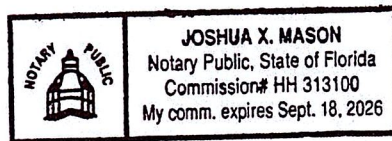
A handwritten signature in blue ink, appearing to be "J. Mason", written over a horizontal line.

SIGNATURE OF APPLICANT OR REPRESENTATIVE

03/12/2026

DATE

NOTARY SEAL



A handwritten signature in blue ink, "Joshua X. Mason", written over a horizontal line.

NOTARY SIGNATURE