June 24, 2021

TO:

Mayor Jerry L. Demings

-AND-

County Commissioners

THRU:

Yolanda G. Martinez, EdPhD., PhD., 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

Orlando Business Solutions dba Florida Medical Transport

Consent Agenda - July 13, 2021

The EMS Office of the Medical Director requests the approval of the renewal Paratransit Services License for Orlando Business Solutions dba Florida Medical Transport. Orlando Business Solutions dba Florida Medical Transport 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 Orlando Business Solutions dba Florida Medical Transport as contained in Orange County Ordinance 2001-09.

ACTION REQUESTED:

Approval and execution of the renewal Paratransit Services License for Orlando Business Solutions dba Florida Medical Transport to provide wheelchair/stretcher service. The term of this license is from August 1, 2021 through August 1, 2023. There is no cost to the County. (EMS Office of the Medical

Director)

CCZ/cf

Attachments

RENEWAL PARATRANSIT SERVICES: APPLICATION FOR LICENSE

APPLIC	CATION DATE: 6/14/2021
SECTION I: GENERAL INFORMATION	
	NAME OF SERVICE: ARLANSO PRUSINESS ROLUTIONS don Thorism
2.	BUSINESS ADDRESS (INCLUDE COUNTY):
	2500 NEST LAKE MARN BLID
3.	CONTACT INFORMATION: Name: 12 Ano Destituno
	Business Phone: <u>ADM-260-1230</u>
	Mobile Phone: 321-217-2576
	Email: ORIMANDUSINGEROLUTIONE & CAMIL.
4.	OWNERSHIP TYPE: ☐PRIVATE CORPORATION ☐GOVERNMENT AGENCY ☐OTHER
	a. If other, please describe:
5.	LEVEL OF SERVICE: WHEELCHAIR STRETCHER SOTH
6.	PROOF OF CURRENT INSURANCE SUBMITTED TO EMS OFFICE:
	YES, DATE: 5/20/21 DNO
SECTI	ON II: VEHICLES AND STAFFING
1.	NUMBER OF VEHICLES IN OPERATION: 4
2.	EMPLOYEE ROSTER:
	NAME CURRENT CPR CARD (Y/N)
	aplan, Joseph (Y)
	Munez. Dsusido (4)
	Destituono. ORLANDO (Y)

ADN

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. Notary Public - State of Florida Commission # GG 279616 My Comm. Expires Nov 26, 2022 **NOTARY SEAL NOTARY SIGNATURE**

