



Interoffice Memorandum

AGENDA ITEM

May 2, 2024

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

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



MD. MPH.

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

SUBJECT: Paratransit Services License  
Renewal for Shekinah Access America Transportation Care LLC  
**Consent Agenda – May 21, 2024**

The EMS Office of the Medical Director requests approval and execution of the Paratransit Shekinah Access America Transportation Care LLC. Shekinah Access America Transportation Care 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 Shekinah Access America Transportation Care 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 Shekinah Access America Transportation Care LLC to provide wheelchair/stretchers service. The term of this license shall be from June 1, 2024, and will terminate on May 31, 2026. There is no cost to the County. **(EMS, Office of the Medical Director)**

CCZ/jj

Attachments

# License

## Paratransit Services

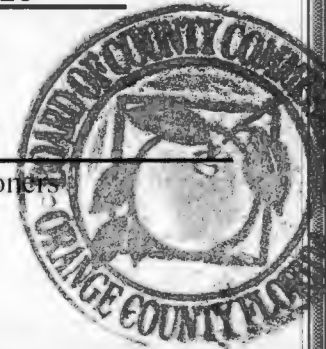
Orange County  
Board of County Commissioners  
Emergency Medical Services

This is to certify that SHEKINAH ACCESS AMERICA TRANSPORTATION CARE 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: June 1, 2024

Date of Expiration: May 31, 2026

  
\_\_\_\_\_  
Mayor, Board of County Commissioners





**RENEWAL PARATRANSIT SERVICES:**

**APPLICATION FOR LICENSE**

**RECEIVED**

APPLICATION DATE:

DATE: 4/30/2024

INITIALS: [Signature]

**SECTION I: GENERAL INFORMATION**

- 1. NAME OF SERVICE: SHEKINAH ACCESS AMERICA TRANSPORTATION CARE LLC
- 2. BUSINESS ADDRESS (INCLUDE COUNTY): 5325 RENOIR DR ORLANDO FL, 32818
- 3. CONTACT INFORMATION: Name: YDOPCENE ESTERIL

Business Phone: 321-368-0216

Mobile Phone: 407-579-5825

Email: SHEKINAHATC@GMAIL.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 04/19/2025  NO

**SECTION II: VEHICLES AND STAFFING**

1. NUMBER OF VEHICLES IN OPERATION: 4

2. EMPLOYEE ROSTER YDOPCENE ESTERIL, PIERRENA SAINT SAUVEUR AND DORLUS NORMANKY

**NAME CURRENT CPR CARD (Y/N)** Provided to EMS Office YDOPCENE ESTERIL

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

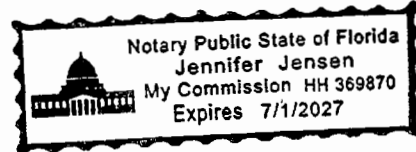
operation of a paratransit services in Orange County and the State of Florida. I acknowledge that as provided in Orange County Code of Ordinances Chapter 20, Division 3, Section 20-137, licenses obtained by an application in which any material fact was intentionally omitted or falsely stated are subject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

*Jennifer Jensen*

SIGNATURE OF APPLICANT OR REPRESENTATIVE

4/30/2024

DATE:



NOTARY SEAL

*J. Jensen*  
NOTARY SIGNATURE

*Driver's License*