

October 22, 2020

TO:

Mayor Jerry L. Demings

-AND-

Board of 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

Medical City Transportation

Consent Agenda - November 10, 2020

The EMS Office of the Medical Director requests the approval of the renewal Paratransit Services License for Medical City Transportation. Medical City Transportation 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 Medical City Transportation as contained in Orange County Ordinance 2001-09.

ACTION REQUESTED: Approval and execution of the renewal Paratransit Services License for Medical City Transportation to provide wheelchair/stretcher service. The term of this license is from December 1, 2020 through December 1, 2022. There is no cost to the County. (EMS Office of the Medical Director)

CCZ/cf

Attachments



RENEWAL PARATRANSIT SERVICES: APPLICATION FOR LICENSE

| APPLICATION DATE: 10109/2020 | |
|---|--|
| SECTION I: GENERAL INFORMATION | |
| 1. NAME OF SERVICE: Medical City Transportation | |
| 2. BUSINESS ADDRESS (INCLUDE COUNTY): | |
| 4369 Hunters Park Ln, Oclando, Florida | |
| 32837, Orange County | |
| 3. CONTACT INFORMATION: Name: Ludmila Mendoza | |
| Business Phone: (407) 433-2321 | |
| | |
| Mobile Phone: (786) 3072711 | |
| Email: adminemedicalcity transportation-con | |
| 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: 12/31/2019 □NO | |

SECTION II: VEHICLES AND STAFFING

1. NUMBER OF VEHICLES IN OPERATION: 4

2. EMPLOYEE ROSTER:

| NAME | CURRENT CPR CARD (Y/N) |
|--|--|
| Amilcar Baez | \mathcal{G} |
| Jose Agala | - 5 |
| Christian Paternina | પુ |
| Luis Gonzalez | <u>y</u> |
| | |
| attest the information provided in this a my knowledge, and that my service me paratransit services in Orange County ar provided in Orange County, Code of Ordi | e service named in this application, do hereby pplication is truthful and honest to the best of ets all of the requirements for operation of and the State of Florida. I acknowledge that as nances Chapter 20, Division 3, Section 20-137 which any material fact was intentionally revocation. |
| () () | |
| SIGNATURE OF APRLICANT OR REPRESEN | NTATIVE |
| 10/09/2020 | |
| DATE: | HANNAH GREEN |
| NOTARY SEAL | Notary Public - State of Florida |
| They gray | Commission # GG 246495 My Comm. Expires Jun 1, 2021 |
| NOTARY SIGNATURE | |

