



Legislation Text

File #: 25-946, **Version:** 1

Interoffice Memorandum

DATE: June 19, 2025

TO: Mayor Jerry L. Demings and County Commissioners

THROUGH: Raul Pino, Director, MD, MPH, Department Director

FROM: Christian C. Zuver, MD, Medical Director

CONTACT: Sandra Roe

PHONE: 407-836-7611

DIVISION: EMS, Office of the Medical Director

ACTION REQUESTED:

Approval and execution of the renewal Paratransit Services License for MC Squared Transport LLC d/b/a Stellar Transport to provide wheelchair/stretchers service. The term of this license shall be from September 26, 2025 and will terminate on September 25, 2027. There is no cost to the County.
(EMS, Office of the Medical Director)

PROJECT: N/A

PURPOSE: The EMS Office of the Medical Director requests approval and execution of the Paratransit Services License for MC Squared Transport LLC d/b/a Stellar Transport. MC Squared Transport LLC d/b/a Stellar Transport 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 MC Squared Transport LLC d/b/a Stellar Transport as contained in Orange County Ordinance 2001-09. All interested and appropriate persons have been notified of this renewal application.

BUDGET: N/A

License

Paratransit Services

**Orange County
Board of County Commissioners
Emergency Medical Services**

This is to certify that MC Squared Transport LLC d/b/a Stellar Transport
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: September 26, 2025

Date of Expiration: September 25, 2027

Bruno Brooks
Mayor, Board of County Commissioners



ORANGE
COUNTY
GOVERNMENT
FLORIDA



RENEWAL PARATRANSIT SERVICES:

APPLICATION FOR LICENSE RECEIVED

DATE: 6/18/25
INITIALS: [Signature]

APPLICATION DATE:

SECTION I: GENERAL INFORMATION

- 1. NAME OF SERVICE: MC SQUARED TRANSPORT
- 2. BUSINESS ADDRESS (INCLUDE COUNTY): 3259 DORNICH DRIVE
MT DORA FL 32757
- 3. CONTACT INFORMATION: Name: MICHAEL COHEN
Business Phone: 352-995-9595
Mobile Phone: 786-261-9007
Email: MCMCMBL@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 3/13/26 NO

SECTION II: VEHICLES AND STAFFING

- 1. NUMBER OF VEHICLES IN OPERATION: 8
- 2. EMPLOYEE ROSTER: ATTACHED

<u>NAME</u>	<u>CURRENT CPR CARD (Y/N)</u>
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Provided to EMS Office

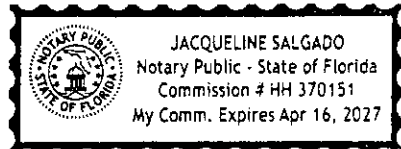
I, the undersigned representative of the service named in this application, do hereby attest the information provided in this application is truthful and honest to the best of my knowledge, and that my service meets all of the requirements for

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.

[Signature]
SIGNATURE OF APPLICANT OR REPRESENTATIVE

6/18/25
DATE:

NOTARY SEAL
Jacqueline Salgado
NOTARY SIGNATURE



6/18/25