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RENEWAL PARATRANSIT SERVICES:

APPLICATION FOR LICENSE

APPLICATION DATE: 03-20-2025

SECTION I: GENERAL INFORMATION

1. NAME OF SERVICE: LEADING CARE TRANSPORT LLC
2. BUSINESS ADDRESS (INCLUDE COUNTY): 13055 HELWIG WAY, ORLANDO FL 32825
ORANGE COUNTY
3. CONTACT INFORMATION: Name: JOVAN ANDRES RAMIREZ VELIZ
Business Phone: 4072883325
Mobile Phone: 4072883325
Email: LEADINGCARETRANSPORTLLC@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 10-28-2025 ☐ NO

SECTION II: VEHICLES AND STAFFING

1. NUMBER OF VEHICLES IN OPERATION: 2
2. EMPLOYEE ROSTER: GABRIEL NOEL BUITRON DIAZ YES
KAREN DANIELA QUIROGA TANGALIFE YES

NAME

CURRENT CPR CARD (Y/N)

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

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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

3/20/25

DATE: 3/20/25

NOTARY SEAL

[Signature] Kara Lea Mundelein

NOTARY SIGNATURE

