



Interoffice Memorandum

AGENDA ITEM

December 3, 2020

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**

Handwritten signature of Yolanda G. Martinez in blue ink.

Handwritten signature of Christian C. Zuver in blue ink.

SUBJECT: Certificate of Public Convenience and Necessity  
RG Ambulance Service, Inc. dba American Ambulance  
**Consent Agenda – December 15, 2020**

The EMS Office of the Medical Director requests the approval of the Certificate of Public Convenience and Necessity for the RG Ambulance Service, Inc. dba American Ambulance to provide Advanced Life Support and Basic Life Support Transport Service. **This application addresses a corporate name change for an existing COPCN holder (Falck Southeast II Corp, d/b/a American Ambulance).** The agency's insurance coverage, personnel, equipment, medical direction and business relationships in Orange County are unchanged.

The EMS Office of the Medical Director has determined that all requirements have been met by RG Ambulance Service, Inc. dba American Ambulance as contained in Orange County Ordinance 2001-9.

**ACTION REQUESTED:** Approval and execution of the Certificate of Public Convenience and Necessity for the RG Ambulance Service, Inc. dba American Ambulance to provide Advanced Life Support and Basic Life Support Transport Service. The term of this certificate is from January 15, 2021 through January 15, 2023. There is no cost to the County. **(EMS Office of the Medical Director)**

CCZ/cf

Attachments



**APPLICATION FOR CERTIFICATE OF CONVENIENCE AND  
NECESSITY FOR AMBULANCE AND FIRE/RESCUE SERVICES**

APPLICATION DATE: 11/17/20

PROPOSED DATE OPERATIONS WILL BEGIN: JANUARY 15TH, 2021

**SECTION I: GENERAL INFORMATION**

1. NAME OF SERVICE: RG Ambulance Service, Inc. dba American Ambulance

2. BUSINESS ADDRESS (INCLUDE COUNTY):

3747 Silver Star Rd. Orlando, FL 32808 Orange County

3. CONTACT INFORMATION: Business Phone 407-822-3700

Mobile Phone 321-436-2232

Email bob.eberhart@falck.com

4. OWNERSHIP TYPE:  PRIVATE CORPORATION  GOVERNMENT AGENCY  OTHER

a. If other, please describe: \_\_\_\_\_

5. LEVEL OF SERVICE:  ALS TRANSPORT  ALS TRANSPORT (INTERFACILITY)  
 BLS TRANSPORT  BLS TRANSPORT (INTERFACILITY)  ALS NON-TRANSPORT  
 BLS NON-TRANSPORT  ALS AIR TRANSPORT

6. CORPORATE OFFICERS AND DIRECTORS:

<u>NAME</u>	<u>ADDRESS</u>	<u>POSITION</u>
Ray Gonzalez	2766 NW 62nd Street Miami FL 33147	CEO
Rene Gonzalez	2766 NW 62nd Street Mami FL 33147	CFO

**8. DESCRIBE THE PROPOSED GEOGRAPHIC AREA OR AREAS TO BE COVERED BY YOUR SERVICE:**

THE PROPOSED GEOGRAPHIC AREA THAT AMERICAN AMBULANCE SERVICES IS  
ALL OF ORANGE COUNTY

**9. STATEMENT OF FACTS SHOWING THE DEMAND OR NEED FOR THE PROPOSED SERVICE:**

EXISTING PROVIDER FOR ALL OF ORANGE COUNTY NOT A NEW APPLICANT

**10. STATEMENT SHOWING HOW YOU PLAN TO FILL THE NEED FROM QUESTION 9 (NUMBER AND TYPE OF UNITS, STATION LOCATION, ETC):**

EXISTING PROVIDER FOR ALL OF ORANGE COUNTY NOT A NEW APPLICANT  
SEE ATTACHED VEHICEL ROSTER

**11. NUMBER OF VEHICLES IN OPERATION:** 38

**12. EMPLOYEE ROSTER (please attach extra sheets as needed):**

**NAME**

**CURRENT CPR CARD (Y/N)**

PLEASE SEE ATTACHED EMPLOYEE ROSTER AND ALL EMPLOYEES HAVE CURRENT  
CPR

**SECTION II: REQUISITES TO OBTAINING LICENSE****1. RATE CHART PROVIDED TO EMS OFFICE:**

YES, DATE: 11/18/20  NO

**2. REFERENCES/LETTERS OF SUPPORT SUBMITTED TO EMS OFFICE (Attachment I):**

Business or work references for 5 years, including one letter of reference

Five personal references, including one letter of reference

Five credit references, including one letter of reference

**3. BUSINESS AGREEMENT LETTER PROVIDED TO EMS OFFICE (INTERFACILITY ONLY, Attachment V):**

YES, DATE: 11/18/2020  NO

**4. ATTESTATION THAT PARAMEDICS ARE STATE CERTIFIED PROVIDED TO EMS OFFICE (ALS ONLY, Attachment IV):**

YES, DATE: 11/18/2020  NO

**5. EQUIPMENT LIST PROVIDED TO EMS OFFICE (ALS ONLY, Attachment IV):**

YES, DATE: 11/18/2020  NO

**6. FINANCIAL STATEMENT SUBMITTED TO EMS OFFICE:**

YES, DATE: 11/18/2020  NO

*Example: Current letter from bank verifying business account status (no account numbers please).*

**7. PROOF OF INSURANCE SUBMITTED TO EMS OFFICE:**

YES, DATE: 11/18/2020  NO

## ATTACHMENT I: REFERENCES

1. List previous business experiences or work history for last five years. Submission of at least one letter of reference from list below is required.

Baptist Health Systems
Jackson Health Systems
Leon Medical Centers
Memorial Healthcare Systems
Broward Health Systems

2. List five personal or business references. Submission of at least one letter of reference from list below is required.

NAME	ADDRESS	PHONE
Robert Eckstein	9655 South Dixie Highway Suite 300 Miami FL 33156	305-938-4000
Michael Diaz	6385 Bird Rd. Miami FL 33155	305-814-5626
Nick Valverde	5000 SW 75 Ave Suite 202 Miami FL 33155	305-790-2527
Jose Rodriguez	120 NW 23rd Ave Miami FL 33172	305-986-5656
Jorge Fernandez	10281 SW 72 Street Suite B103 Miami FL 33173	305-597-8805

3. List five credit references. Submission of at least one letter of reference from list below is required.

NAME	ADDRESS	PHONE
Hugo Carreno	PO Box 025620 Miami FL 33102-5620	305-812-1749
McKesson Medical Surgical	6555 State Hwy 161 Irving TX 75039	972-446-4800
Coast Biomedical Equipment	3121 Scott St. Vista CA 92008	888-682-1941
MedLine Industries Inc.	Dept. CH 14400 Palatine IL 60055	1-800-388-2147
Henry Schein	135 Duryea Rd. Melville NY 11747	1-800-472-4346

4. Please supply a current financial statement.

## ATTACHMENT II: COMMUNICATION CAPABILITIES

1. LIST THE ADDRESS AND DESCRIPTIONS OF EACH OF THE LOCATIONS YOU WILL OPERATE FROM, AND THE HOURS OF OPERATION AND STAFFING AT EACH PROPOSED LOCATION:

3747 SILVER STAR RD. ORLANDO FL 32808

24-HOURS-A-DAY, SEVEN DAYS A WEEK

2. LIST ALL HOSPITALS TO WHICH YOU WILL NORMALLY TRANSPORT PATIENTS:

ALL HOSPITALS IN ORANGE COUNTY

3. COMMUNICATIONS EQUIPMENT:  TELEPHONE  TWO-WAY RADIO  OTHER

a. Number of vehicles equipped with two-way radios: 38

b. Frequency(s): 451.01875

c. Call numbers: N/A

d. Number of vehicles equipped with mobile phones: WE DO NOT UTILIZE MOBILE PHONES

4. APPROXIMATE DATE FCC RADIO LICENSE WILL BE EFFECTIVE (ATTACH IF CURRENT):

CURRENT SEE ATTACHED

5. LIST ALL HOSPITALS, SUPERVISING PHYSICIANS, AND OTHER EMERGENCY AGENCIES (POLICE, FIRE, ETC) THAT YOU WILL HAVE DIRECT RADIO CONTACT WITH:

ALL-MED-8 STATEWIDE

**ATTACHMENT III (ALS ONLY): ADVANCED LIFE SUPPORT  
CERTIFICATION AND LICENSURE REQUIREMENTS**

1. IF LICENSED AMBULANCE SERVICE IN THE STATE OF FLORIDA, PROVIDE CURRENT ALS NUMBER: LICENSE PENDING ISSUANCE OF COPCN

2. PROVIDE THE NAME, ADDRESS, PHONE NUMBER AND FLORIDA MEDICAL LICENSE NUMBER OF YOUR MEDICAL DIRECTOR:

DR. ERIC WEIPERT 10000 WEST COLONIAL OCOEE FL 34761

MEDICAL LICENSE NUMBER ME 108890 407-408-6813

3. DESCRIBE THE STAFFING PATTERNS TO ASSURE COMPLIANCE WITH EMTS, DRIVERS, AND PARAMEDICS:

1 EMT 1 PARAMEDIC (ALS)

1 EMT 1 CERTIFIED DRIVER (BLS) OR 2 EMT'S (BLS)

4. PROVIDE A STATEMENT SIGNED BY THE ALS PROVIDER AND IT'S MEDICAL DIRECTOR ATTESTING TO THE FACT THAT ALL UTILIZED PARAMEDICS ARE CERTIFIED AND AUTHORIZED TO PERFORM ADVANCED LIFE SUPPORT IN THE STATE OF FLORIDA

5. PROVIDE A LIST OF ALL EQUIPMENT AND DRUGS CARRIED IN ADDITION TO THE MINIMUM EQUIPMENT SPECIFIED IN FLORIDA ADMINISTRATIVE CODE 64J-1.003

**ATTACHMENT IV (INTERFACILITY ONLY): BUSINESS AGREEMENT – Provide a written business agreement between the applicant and participating facilities**

**ATTACHMENT V: VEHICLE ROSTER – Provide a roster including make, model, mileage, and all vehicle identification and registration numbers**

**ATTACHMENT VI: PROOF OF INSURANCE – Provide a copy of vehicle liability insurance**

**ATTACHMENT VII: RATE CHART – A proposed schedule of rates, fares, and charges (if applicable)**

**APPLICATION FOR CERTIFICATE OF CONVENIENCE AND  
NECESSITY FOR AMBULANCE AND FIRE RESCUE:**

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 ambulance or fire rescue service in Orange County and the State of Florida. I acknowledge that as provided in Orange County Code of Ordinances Chapter 20, Division 2, Section 20-91, licenses obtained by an application in which any material fact was intentionally omitted or falsely stated are subject to revocation.

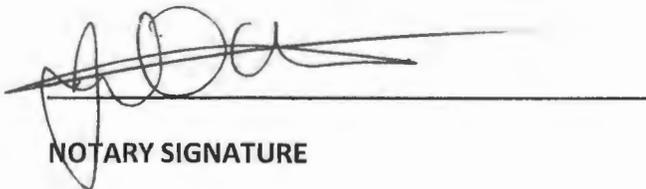
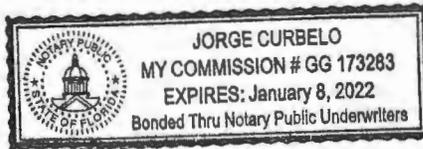


SIGNATURE OF APPLICANT OR REPRESENTATIVE

11/18/20

DATE

NOTARY SEAL



NOTARY SIGNATURE

Orange County  
COPCN Application

RG Ambulance Service, Inc.  
dba American Ambulance Service

**AMERICAN AMBULANCE**

Employee Roster

Last Name	First Name	Job Title	State #	Exp Date	EVOC?	DL #	EXP DATE	State	CPR
ADAMS	DAVID	Paramedic	527 763	12/1/2020	Y	A352-163-83-103-0	3/23/2026		Y
ADKINS	LIANNE	EMT	540 044	12/1/2020	Y	A325-525-87-805-0	8/25/2025		Y
ALCAZAR	ANDREW	EMT	558 054	12/1/2020	Y	A422-010-95-063-0	2/23/2028		Y
ALVAREZ	RAYSA	EMT	570 975	12/1/2022	Y	A416-721-88-724-0	6/24/2028		Y
ANDREWS	GERARD	Paramedic	524 146	12/1/2020	Y	A536-284-75-267-0	7/27/2029		Y
ANNO	NATASHA	EMT	569 017	12/1/2020	N	59032985	3/24/2024	GA	Y
ARAUZ	JOSHUA	Driver			Y	A620-430-96-018-0	1/18/2028		Y
BACON	JASMINE	Paramedic	513 524	12/1/2020	Y	B250-433-78-906-0	11/6/2027		Y
BEARD	LAMESHA	Driver			Y	B630-522-95-917-0	11/17/2024		Y
BELIZAIRE	HANDY	Paramedic	513 750	12/1/2020	N	B426-320-85-009-0	1/9/2027		Y
BLADES	DAYZA	Driver			Y	B432-161-97-784-0	8/4/2028		Y
BLUMBERG	ALEXIS	Driver			Y	B451-010-00-729-0	6/29/2024		Y
BLYDEN	ZSA ZSA	EMT	555 361	12/1/2020	Y	B435-995-89-834-0	9/14/2021		Y
BORKOWSKI	KRYSTAL	EMT	529 677	12/1/2022	N	B622-516-89-601-0	3/21/2022		Y
BOYD	JAMESHIA	EMT	560 901	12/1/2020	Y	B300-423-89-845-0	12/1/2020		Y
BRINSON	TAVIS	EMT	541 578	12/1/2020	Y	B652-810-85-443-0	12/3/2026		Y
BROOKS	DARBY	EMT	563 114	6/1/2021	Y	B620-165-96-725-0	6/25/2028		Y
BROWN	KATHRYN	EMT	566 424	12/1/2020	Y	B650-517-96-639-0	4/19/2021		Y
BRUCKER	ISABEL	EMT	568 220	12/1/2020	Y	B626-417-97-838-0	9/18/2026		Y
BRYANT	STEPHEN	EMT	566 604	12/1/2020	Y	B563-796-83-005-0	1/5/2028		Y
BURN	MATTHEW	EMT	567 409	12/1/2022	Y	B650-555-97-068-0	2/28/2029		Y
CALLAHAN	DAVONTE	EMT	569 252	12/1/2022	N	C450-172-98-094-0	3/14/2024		Y
CALLAHAN	ERIC	Paramedic	526 538	12/1/2020	Y	C450-218-76-008-0	1/8/2027		Y
CARMONA	WALDEMAR	Paramedic	524 707	12/1/2022	Y	C655-885-86-091-0	3/11/2026		Y
CASTILLO	LESLIE	EMT	568 923	12/1/2020	Y	C234-520-95-564-0	2/24/2022		Y
CEGLIA-FIOL	GINNA	EMT	558 558	12/1/2020	N	C241-296-92-877-0	10/17/2023		Y
CHAUDRY	HASSRAT	EMT	564 922	12/1/2020	Y	C360-321-98-407-0	11/7/2024		Y
COLE	E'LAN	EMT	568 929	12/1/2020	Y	C400-215-98-889-0	10/29/2022		Y
COLE	ROBERT	EMT	512 350	12/1/2020	Y	C400-775-83-332-0	9/12/2026		Y
CONNOR	KYLE	Driver			Y	C560-504-01-362-0	10/2/2027		Y
CRAMPTON	CHAD	Driver			Y	C651-118-95-288-0	8/8/2026		Y
CRITTENDEN	JEREMY	Paramedic	533 780	12/1/2020	Y	C635-424-85-324-0	9/4/2027		Y

CUENCA	ABEL	EMT	560 184	12/1/2020	Y	C520-001-91-412-0	11/12/2021		Y
CUENCA	JOSE	Driver			Y	C520-421-95-054-0	2/14/2023		Y
DALIEN	GUERLYNE	Paramedic	536 148	12/1/2020	Y	D450-280-87-528-0	1/28/2026		Y
DAVIS	CAMERON	EMT	570 191	12/1/2022	N	D120-115-00-146-0	4/24/2024		Y
DAVIS	DALE	Paramedic	515 790	12/1/2020	Y	D120-179-72-030-0	1/30/2027		Y
DAVIS	MACHEL	EMT	567 935	12/1/2020	Y	D120-557-95-165-0	5/5/2022		Y
DE PENNA	AILYN	EMT	532 647	12/1/2020	Y	D150-000-84-546-0	2/6/2028		Y
DEAN	EMILY	Paramedic	524 985	12/1/2022	Y	D500-216-88-537-0	4/17/2027		Y
DECKER	ANDREW	EMT	568 755	12/1/2022	Y	D260-013-95-044-0	2/4/2028		Y
DELEON	HERBERT	EMT	567 632	12/1/2022	Y	D450-321-86-423-0	11/23/2026		Y
DELGADO GARCIA	ELIZABETH	EMT	519 070	6/1/2021	Y	D423-220-81-686-0	5/26/2025		Y
DEWICK	ELIZABETH	EMT	568 926	12/1/2022	Y	D200-223-99-848-0	9/28/2023		Y
DICKINSON	ZANE	EMT	564 193	12/1/2020	Y	D252-998-96-419-0	11/19/2023		Y
DOLL	DAMARIS	Paramedic	511 338	12/1/2022	Y	D400-176-78-831-0	9/1/2027		Y
DOMINGUEZ	BRANDON	Paramedic	536 679	12/1/2022	N	D552-063-95-050-1	2/10/2021		Y
DRUMMOND	IAN	EMT	561 736	12/1/2022	Y	D655-408-67-129-0	4/9/2027		Y
ELIAS	GONZALO	Paramedic	534 574	12/1/2022	Y	E420-280-87-144-0	4/24/2026		Y
ENRIQUEZ	SHALOM	EMT	555 334	12/1/2022	Y	E562-797-90-444-0	12/4/2021		Y
ESKRIDGE	AMBER	EMT	561 812	12/1/2022	Y	E263-014-94-836-0	9/16/2027		Y
EUBANKS	EMMA	EMT	570 007	12/1/2022	Y	E152-203-98-747-0	7/7/2029		Y
FERNANDEZ	ELIZABETH	Driver			Y	F655-238-99-717-1	6/17/2025		Y
FERNANDEZ	MICHAEL	EMT	515 869	12/1/2020	Y	F655-550-85-188-0	5/28/2026		Y
FLORAN	DOMINIC	Driver			Y	F465-172-01-045-0	2/5/2025		Y
FLOREK	ANNAMARIE	EMT	570 777	12/1/2022	Y	F462-004-02-650-0	4/30/2026		Y
FONTANTEZ	ANDRE	EMT	566 477	12/1/2020	Y	F535-000-82-362-0	10/2/2027		Y
FOSTER	REECE	EMT	567 386	12/1/2022	Y	F236-739-00-150-0	4/30/2023		Y
FRANCOIS	LARIDGE	EMT	557 757	12/1/2020	Y	F652-520-95-506-0	1/6/2028		Y
FRANKLIN	JONATHAN	Paramedic	536 468	12/1/2020	Y	F652-421-95-260-0	7/20/2027		Y
FRIEDEL	MATTHEW	EMT	552 452	12/1/2020	Y	F634-542-94-423-0	11/23/2026		Y
GARCIA	LIZ	Driver			Y	G624-533-97-841-0	9/21/2026		Y
GARDNER	KENDRICK	Paramedic	528 401	12/1/2020	N	G635-518-92-468-0	12/28/2023		Y
GARRETT	PATRICIA	EMT	521 459	12/1/2020	Y	G630-693-88-810-0	8/31/2026		Y
GEORGE	CHRISTOPHER	EMT	570 939	12/1/2022	Y	G620-113-90-378-0	10/18/2028		Y

GLASS	MATTHEW	EMT	568 688	12/1/2022	Y	G420-550-96-294-0	8/14/2028		Y
GOMEZ	KEVIN	EMT	569 316	12/1/2020	Y	G520-517-00-384-0	10/24/2026		Y
GOMEZ	SANTIAGO	Paramedic	536 734	12/1/2020	Y	G520-780-98-466-0	12/26/2022		Y
GOODIN	GARRETT	EMT	557 659	12/1/2020	Y	G350-295-97-131-0	4/11/2023		Y
GOODWELL	ANNA	EMT	568 801	12/1/2020	Y	G340-047-01-635-0	4/15/2027		Y
GROSS	TREVOR	EMT	563 047	12/1/2020	Y	G620-805-93-261-0	7/21/2023		Y
GUADALUPE	KRISMARIE	EMT	550 456	12/1/2020	Y	G341-500-90-592-0	3/12/2022		Y
HATTON	AMANDA	EMT	554 148	12/1/2020	Y	H350-012-91-541-0	2/1/2021		Y
HERNANDEZ	GABRIEL	EMT	566 189	12/1/2020	Y	H655-290-00-414-0	11/14/2025		Y
HERNANDEZ	REMBERT	EMT	567 024	12/1/2022	Y	H655-730-00-187-0	5/27/2025		Y
HOBBS	MEREDITH	EMT	570 835	12/1/2022	Y	H120-552-97-830-1	11/30/2028		Y
HOLBROOK	JONATHAN	EMT	539 723	12/1/2022	Y	H416-421-87-162-0	6/2/2021		Y
HOVSEPIAN	RAFFI	Paramedic	531 027	12/1/2020	Y	H121-728-85-378-0	10/18/2027		Y
HUBLER	JORDAN	Paramedic	516 617	12/1/2020	Y	H146-421-89-719-0	6/19/2027		Y
INFANTE	GABRIELA	Driver			Y	I515-280-01-725-0	5/4/2022		Y
IRELAND	MATTHEW	EMT	565 715	12/1/2020	Y	I645-544-96-406-0	11/6/2025		Y
JAMES	JOSEPH	EMT	528 728	12/1/2020	Y	J520-483-90-052-0	2/12/2028		Y
JEUNE	STANLEY	EMT	545 413	12/1/2020	Y	J500-780-90-458-0	12/18/2025		Y
JOSEPH	JANISHA	Driver			Y	J210-430-98-563-0	2/23/2022		Y
JOURDAIN	BLEEKER	EMT	560 285	12/1/2020	Y	J635-068-88-428-0	11/28/2023		Y
KASTER	DAEGLAN	EMT	570 768	12/1/2022	Y	K236-173-00-130-0	4/10/2026		Y
KEMPER	JOSEPH	EMT	562 441	12/1/2020	Y	K516-498-92-081-0	3/1/2025		Y
KENLOCK	ANNAKAY	Driver			Y	K542-017-90-969-0	9/3/2021		Y
KOENIGSBERG	DEREK	Paramedic	535 675	12/1/2020	Y	K521-170-97-405-0	11/8/2021		Y
KUNZWEILER	ROBERT	Paramedic	528 727	12/1/2020	Y	K524-760-82-068-0	2/28/2028		Y
LABARBERA	NIKKI	EMT	554 175	12/1/2020	Y	L161-633-89-917-0	11/17/2027		Y
LAHOCINSKY	ANDRAS	Paramedic	523 709	12/1/2020	Y	L252-003-87-053-0	2/13/2026		Y
LAYDEN	JUSTIN	EMT	567 222	12/1/2020	Y	L350-435-94-403-0	11/3/2022		Y
LIEF	SEAN	EMT	563 283	6/1/2021	Y	L100-781-97-084-0	3/4/2022		Y
LISBOA	ELY	Driver			Y	L212-207-95-061-0	2/21/2024		Y
LOWRANCE	KIMBERLY	Driver			Y	L652-514-00-961-0	12/21/2025		Y
LUCENA	JENNIFER	Driver			Y	L250-434-83-955-0	12/15/2028		Y
MACK	JAMES	Paramedic	513 630	12/1/2020	Y	M200-441-59-328-0	9/8/2021		Y

MALDONADO	ETIENNE	EMT	567 980	12/1/2020	Y	M435-201-97-016-0	1/16/2021		Y
MARTIN	CRYSTAL	EMT	302 507	12/1/2020	Y	M635-112-81-821-1	9/1/2027		Y
MARTINEZ	JOSUE	EMT	566 821	12/1/2020	Y	M635-420-96-106-0	3/26/2021		Y
MATTOX	SUSAN	EMT	68697	12/1/2020	Y	M320-790-74-525-0	1/25/2028		Y
MCCAIN	ANGELA	EMT	556 883	12/1/2020	Y	M250-013-80-550-0	2/10/2021		Y
MCCORMICK	SEBASTIAN	Paramedic	534 254	12/1/2020	Y	M265-782-94-259-0	7/19/2028		Y
MCNULTY	NELSON	Paramedic	528 893	12/1/2020	N	M254-623-68-060-0	2/20/2022		Y
MCPHERSON	JULIE	EMT	555 116	12/1/2020	Y	M216-425-95-805-0	8/25/2027		Y
MENDOZA	JOSHUALYN	Paramedic	535 673	12/1/2020	Y	M532-432-94-528-0	1/28/2028		Y
MERCER	KADESHA	Driver			Y	M626-517-94-906-0	11/6/2020		Y
MOHLER	ERIC	EMT	22316	12/1/2020	Y	M460-212-65-065-0	2/25/2025		Y
MONTENEGRO	TROY	EMT	567 903	12/1/2020	Y	M535-800-91-100-0	3/20/2026		Y
MONTILLA	MARCOS	EMT	570 244	12/1/2020	Y	M534-556-00-065-0	2/25/2027		Y
MOORE	ANTHONY	EMT	569 860	12/1/2022	N	M600-012-99-201-0	6/1/2023		Y
MOORE	TREVOR	EMT	568 557	12/1/2022	Y	M600-816-00-254-0	7/14/2024		Y
NAZAIRE	JUNESE	EMT	569 163	12/1/2022	Y	N260-420-98-650-0	4/30/2025		Y
NESS	SARAH	Paramedic	527 225	12/1/2022	Y	N200-785-88-880-0	10/20/2026		Y
NEW	CLAUDE	EMT	565 486	12/1/2022	Y	N000-117-89-426-1	11/26/2026		Y
OCAMPO-SANCHEZ	EDGAR	EMT	562 452	12/1/2022	Y	O251-200-95-470-0	12/30/2022		Y
OICATA	SAI	Paramedic	531 522	12/1/2020	Y	O232-79-92-606-0	3/26/2028		Y
PACHECO	NICOLE	EMT	566 758	12/1/2020	Y	P220-638-95-881-0	10/21/2028		Y
PADIERNA	CHRISTIAN	EMT	554 114	12/1/2020	Y	P365-106-93-186-0	5/26/2025		Y
PADRO	GABRIEL	Paramedic	526 286	6/1/2021	Y	P360-297-94-087-0	3/7/2026		Y
PARMAR	VIKASH	Paramedic	531 307	12/1/2020	Y	P656-875-90-043-0	2/3/2021		Y
PAUL	JEAN	Driver			Y	P400-470-00-055-0	2/15/2025		Y
PERISETLA	NAVEEN	EMT	562 294	12/1/2022	Y	P623-620-99-361-0	10/1/2023		Y
PETITTO	RICHARD	Paramedic	509 513	12/1/2020	Y	P330-750-70-175-0	5/15/2027		Y
PORRAS-LIED	WINSTON	EMT	571 291	12/1/2022	Y	P624-881-95-388-0	10/28/2027		Y
POSY	JOSHUA	EMT	567 879	12/1/2020	Y	P200-433-99-092-0	3/12/2025		Y
PREMDASS	NICKESH	Paramedic	535 108	12/1/2020	Y	P653-638-87-290-0	8/10/2025		Y
PULLIN	IRENE	EMT	566 199	12/1/2022	Y	P450-413-72-875-0	10/15/2025		Y
QUINONES	JULIAN	Paramedic	531 346	12/1/2020	N	Q552-426-94-450-0	12/11/2021		Y
RAMOS	SAUDIA	EMT	554 220	12/1/2020	Y	R520-785-90-869-0	10/9/2026		Y

RANIERI	MAXIMILIAN	EMT	569 891	12/1/2022	Y	R560-553-98-011-0	1/11/2027		Y
REES	GLENN	Paramedic	531 953	12/1/2022	Y	R200-296-87-248-0	7/8/2025		Y
REYES-CAWLIN	ALEX	EMT	570 015	12/1/2022	Y	R245-005-00-139-0	4/19/2026		Y
REYNOLDS	PATRICK	EMT	567 198	12/1/2022	Y	R543-662-87-516-0	6/16/2025		Y
RICE	DAWSON	EMT							Y
RICO PERALTA	ELDER	EMT	566 300	12/1/2020	N	R516-207-98-208-0	12/8/2021		Y
RINGLAND	LAUREN	EMT	562 644	12/1/2020	Y	R524-527-90-883-0	10/23/2028		Y
RIVERA	MEGHAN	EMT	554 309	12/1/2020	Y	R160-558-86-823-0	9/3/2028		Y
RIVERA	RAUL	EMT	543 721	12/1/2022	Y	R160-720-76-093-1	8/13/2022		Y
ROBERTS	EVAN	EMT	546 831	12/1/2020	Y	R163-213-93-300-0	8/20/2021		Y
RODRIGUEZ	ALEXYS	EMT	566 839	12/1/2022	N	R362-003-97-872-0	10/12/2023		Y
RODRIGUEZ	CAROLINA	EMT	564 735	12/1/2020	Y	R362-100-95-611-1	3/31/2027		Y
RODRIGUEZ	TRISTAN	Paramedic	533 972	12/1/2020	Y	R362-810-95-334-0	9/14/2027		Y
ROSARIO	ANGELINA	EMT	569 565	12/1/2022	Y	R260-007-01-541-0	2/1/2024		Y
ROSAS	ERIC	Paramedic	535 406	12/1/2022	Y	R262-210-90-167-0	5/7/2026		Y
SABOGAL	DEMI	EMT	561 355	12/1/2020	N	S124-171-87-833-0	9/13/2027		Y
SALAZAR	JAIRO	EMT	569 302	12/1/2020	Y	S426-420-92-091-0	3/11/2022		Y
SANCHEZ	FABIAN	EMT	569 506	12/1/2022	Y	S522-241-00-004-0	1/4/2024		Y
SANTA	GIOVANNI	EMT	569 503	12/1/2022	Y	S530-296-97-131-0	4/11/2024		Y
SANTIAGO	EDWIN	EMT	570 003	12/1/2022	Y	S532-212-97-133-0	4/13/2022		Y
SCHIMPF	GABRIELLE	EMT	564 382	12/1/2020	Y	S510-293-98-705-0	6/5/2022		Y
SCIBELLI	CHRISTOPHER	Paramedic	512 093	12/1/2020	Y	S140-113-81-251-0	7/11/2022		Y
SCOTT	STEVEN	EMT	558 242	12/1/2022	Y	S300-781-77-146-0	4/26/2025		Y
SEDA	JENNIFER	Paramedic	529 964	12/1/2020	Y	S300-432-92-884-0	10/24/2025		Y
SEVERE	NEWTON	EMT	567 650	12/1/2022	Y	S160-630-98-248-0	7/8/2024		Y
SHUTER	STEVEN	Paramedic	532 252	12/1/2020	Y	S360-781-83-461-0	12/21/2025		Y
SILVA	LUIS	EMT	570 031	12/1/2022	Y	S410-527-99-226-0	6/26/2023		Y
SINQUEFIELD	KATRINA	Paramedic	530 322	12/1/2020	Y	S521-510-78-645-0	4/25/2026		Y
SMITH	MELISSA	EMT	570 334	12/1/2022	Y	S530-541-78-646-0	4/26/2025		Y
SMITH	YASHRUN	Paramedic	551 110	12/1/2020	Y	S530-970-94-296-0	8/16/2027		Y
SOLANO	JACQUELINE	EMT	569 696	12/1/2022	Y	S450-421-88-902-0	11/2/2022		Y
SOMAIAH	ASHLEY	EMT	563 284	12/1/2020	Y	S500-007-93-561-0	2/21/2023		Y
SOOKRAJ	VIVIAN	EMT	555 154	12/1/2022	Y	S262-868-93-665-0	5/5/2025		Y
SPENCE	ROBERT	EMT	554 293	12/1/2020	Y	S152-775-81-423-0	11/23/2026		Y

STERLING	CHELSEA	EMT	570 076	12/1/2022	Y	226369031	6/27/2023	UT	Y
STEWART	TAMMY	EMT	542 049	12/1/2022	Y	S363-812-86-749-0	7/9/2022		Y
STOKES	WILLIAM	EMT	567 514	12/1/2022	Y	S322-937-95-325-0	9/5/2027		Y
SYKES	DANIELLE	Paramedic	535 992	12/1/2022	Y	S220-160-94-514-0	1/14/2026		Y
THOMPSON	MATTHEW	EMT	564 880	12/1/2020	Y	T512-541-98-059-0	2/19/2024		Y
TIGERT	TAYLOR	EMT	559 094	12/1/2020	Y	T263-814-94-808-0	8/28/2027		Y
TORRES	KATHRYN	EMT	537 556	12/1/2022	Y	T620-501-00-715-0	6/15/2027		Y
VELAZQUEZ	DINOSHKA	EMT	552 302	6/1/2021	Y	V422-173-94-881-0	10/21/2027		Y
VELEZ	JUAN	Paramedic	527 218	12/1/2020	Y	V420-434-74-447-0	12/7/2027		Y
VIGNATI	REMY	EMT	565 966	12/1/2020	Y	V253-737-95-262-0	7/22/2021		Y
WAITES	ALEXANDER	EMT	567 036	12/1/2020	Y	W320-018-93-469-0	12/29/2025		Y
WATSON	BENJAMIN	EMT	557 608	12/1/2020	Y	W325-070-95-455-0	12/15/2027		Y
WILLIAMS	SAIJO	EMT	541 447	12/1/2022	Y	W452-789-89-410-0	11/10/2028		Y
ZAHN	KYLE	EMT	568 270	12/1/2020	Y	Z500-516-94-006-0	1/6/2026		Y
ZEE	ALEXANDER	EMT	565 239	6/1/2021	Y	Z000-005-92-448-0	12/8/2022		Y
ZEGOWITZ	CHRISTOPHER	Paramedic	535 767	12/1/2020	Y	Z232-102-93-380-0	10/20/2025		Y

Orange County  
COPCN Application

RG Ambulance Service, Inc.  
dba American Ambulance Service

**AMERICAN AMBULANCE**

Vehicle Roster

#	Unit Number	Year	Service	Make	Model	Type	VIN #	Tag #
1	132	2009		Chevy	3500	II	1GBHG396991117143	MIK12H
2	135	2009		Chevy	3500	II	1GBHG396X91172264	MIJ80L
3	136	2009		Chevy	3500	II	1GBHG396291172534	MIJ83L
4	140	2010		Chevy	3500	III	1GB6G2B68A1113438	MIJ23P
5	141	2009		Chevy	3500	II	1GBHG396791181472	MIJ24P
6	143	2009		Chevy	3500	II	1GBHG396X91182986	MIK87S
7	144	2009		Chevy	3500	II	1GBHG396691183147	MIJ29P
8	145	2012		Ford	E-350	III	1FDWE3FS9CDA38518	MIK93S
9	147	2013		Ford	E-350	III	1FDWE3FSDDA19871	MIK30H
10	148	2013		Ford	E-350	II	1FDSS3ES8DDA30131	MIK29H
11	149	2013		Ford	E-350	II	1FDSS3ES1DDB06014	MIK39H
12	151	2008		Ford	E-350	II	1FDSS34P68DA70178	MIK63H
13	152	2014		Ford	E-350	II	1FDSS3EL3EDA72376	MIK70H
14	153	2014		Ford	E-350	II	1FDSS3EL7EDB07145	MIK69H
15	154	2014		Ford	E-350	II	1FDSS3EL6EDB07198	MIK68H
16	155	2014		Ford	E-350	II	1FDSS3ELOEDA67815	MIK67H
17	157	2009		Chevy	3500	II	1GBHG396991181022	MIK74H
18	161	2014		Ford	E-350	II	1FDSS3EL6EDB07234	MIK80H
19	162	2014		Ford	E-350	II	1FDSS3ELXEDB07253	MIK81H
20	163	2014		Ford	E-350	II	1FDSS3EL8EDB07266	MIK82H
21	164	2014		Ford	E 350	II	1FDSS3EL9EDB15151	MIK97H
22	165	2016		Ford	E350	III	1FDWE3FS6GDC07903	MIK98H
23	166	2016		Ford	E350	III	1FDWE3FS5GDC06516	MIP26F
24	167	2006		Ford	E350	II	1FDSS34P56DA95972	MIK03T
25	168	2010		Ford	E350	III	1FDW3FS3ADA74461	MIM74A
26	169	2011		Ford	E350	III	1FDWE3FS4BDA02055	MIM75A
27	170	2013		Ford	E350	II	1FDSS3EL6DDA84648	MIM82A
28	171	2014		Ford	E350	II	1FDSS3EL7EDB07310	MIM83A
29	172	2011		Ford	E350	II	1FDSS3EL5BDB23808	MFZ60C
30	173	2013		Ford	E350	II	1FDSS3EL0DDA69093	MFZ56C
31	174	2014		Ford	E 450	III	1FDXE4FS5EDA55930	MFZ58C
32	175	2008		Chevy		II	1GBHG396881230662	
33	176	2011		Ford	E350	II	1FDSS3EL1BDB25877	MFZ59C
34	177	2017		Ford		II	1FDYR2CM6HKA76921	MIM21Z
35	178	2017		Ford		II	1FDYR2CM8HKA76922	MIM19Z
36	179	2008		Chevy	3500	II	1GBHG396581111693	MIJ20T
37	180	2009		Chevy	3500	II	1GBHG396791126679	MIJ29T
38	181	2014		Ford	E350	II	1FDSS3ELOEDB07200	MIK85H
39	25	2011		Ford	E 350	10-Pass	1FBSS3BL5BDB06584	BIQJ41
40	305	2006		Ford		Support	1FBNE31L87DA53974	BIQJ62

Orange County  
COPCN Application

RG Ambulance Service, Inc.  
dba American Ambulance Service

**AMERICAN AMBULANCE**

Financial Statement

**MCT EXPRESS, INC.**  
**DBA**  
**MIAMI DADE AMBULANCE SERVICE**  
**AUDITED FINANCIAL STATEMENTS**  
**DECEMBER 31, 2019**

**MCT EXPRESS, INC.  
DBA  
MIAMI DADE AMBULANCE SERVICE  
AUDITED FINANCIAL STATEMENTS  
DECEMBER 31, 2019**

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# Agreda & Co., C.P.A.

CERTIFIED PUBLIC ACCOUNTANTS & CONSULTANTS

8900 Coral Way, Suite 102 Miami, FL 33165

Tel.: (305)661-4441 • Fax (305)661-9994

E-mail: yagreda@agredacpa.com

## Report of Independent Certified Public Accountant

*To the Shareholders of*  
MCT Express, Inc.

We have audited the accompanying financial statements of MCT Express, Inc. dba Miami Dade Ambulance Service as of December 31, 2019, which comprise of the balance sheet as of December 31, 2019, and the operations and retained earnings, and cash flows for the year then ended and the related notes to the financial statements.

### Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these combined consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

### Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement. An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### Opinion

In our opinion, the accompanying financial statements referred to above present fairly, in all material respects, the financial position of MCT Express, Inc. dba Miami Dade Ambulance Service as of December 31, 2019, and the results of their operations and their cash flows for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

*Agreda & Co., C.P.A.*

Miami, Florida

May 7, 2020

**MCT EXPRESS, INC.**  
**DBA MIAMI DADE AMBULANCE SERVICE**  
**BALANCE SHEET**  
**AT DECEMBER 31, 2019**

**Assets**

<b>Current assets</b>		
Cash	\$	563,583
Accounts receivable, net		2,084,374
Note receivable		2,500,000
Loans to related parties, net		300,985
<b>Total current assets</b>		<b>5,448,942</b>
Fixed Assets, net		551,331
<b>Other assets</b>		
Other		112,193
<b>Total other assets</b>		<b>112,193</b>
<b>Total Assets</b>	<b>\$</b>	<b>6,112,466</b>

**Liabilities and Stockholders' Equity**

<b>Current liabilities</b>		
Accounts payable and accrued expenses	\$	2,381,902
<b>Total current liabilities</b>		<b>2,381,902</b>
<b>Long term liabilities</b>		
Line of credit		2,520,595
<b>Total long term liabilities</b>		<b>2,520,595</b>
<b>Total liabilities</b>		<b>4,902,497</b>
<b>Stockholders' equity</b>		
Common stock - \$1.00 par value, 1,000 shares		
Authorized, 100 issued and outstanding		100
Additional paid-in capital		538,276
Retained earnings		671,593
<b>Total stockholders' equity</b>		<b>1,209,969</b>
<b>Total Liabilities and Stockholders' Equity</b>	<b>\$</b>	<b>6,112,466</b>

*See accompanying notes.*

**MCT EXPRESS, INC.**  
**DBA MIAMI DADE AMBULANCE SERVICE**  
**STATEMENT OF INCOME AND RETAINED EARNINGS**  
**YEAR ENDED DECEMBER 31, 2019**

<b>Sales</b>	\$ 19,518,965
<b>Cost of sales</b>	
Cost of labor	9,204,528
Insurance	973,642
Other costs	938,645
Vehicle fleet maintenance	816,819
Fuel cost	658,639
<b>Total Cost of sales</b>	<b>12,592,273</b>
<b>Gross Profit</b>	<b>6,926,692</b>
<b>Operating expenses</b>	
Salaries & wages	3,095,224
Rent	702,900
Office	642,516
Officers' compensation	480,000
Legal and professional fees	469,515
Utilities	216,977
Depreciation	125,000
Other	122,976
Advertising	64,227
Repairs and maintenance	8,431
Charitable contributions	7,700
<b>Total Operating Expenses</b>	<b>5,935,466</b>
<b>Operating Income</b>	<b>991,226</b>
<b>Net Income</b>	991,226
Retained Earnings, Beginning of Year	459,367
Less: Shareholder distributions	(779,000)
<b>Retained Earnings, End of Year</b>	<b>\$ 671,593</b>

*See accompanying notes.*

**MCT EXPRESS, INC.**  
**DBA MIAMI DADE AMBULANCE SERVICE**  
**STATEMENT OF CASH FLOWS**  
**YEAR ENDED DECEMBER 31, 2019**

<b>Cash flows from operating activities</b>	
Net Income	\$ 991,226
Adjustments to reconcile net income to net cash (used in) operating activities	
Depreciation	125,000
Changes in assets and liabilities:	
Accounts receivable	(18,312)
Other assets	(19,011)
Accounts payable and accrued expenses	145,625
<b>Net cash provided by operating activities</b>	<b>1,224,528</b>
<b>Cash flows from investing activities:</b>	
Additions to fixed assets	(358,967)
<b>Net cash (used) in investing activities</b>	<b>(358,967)</b>
<b>Cash flows from financing activities:</b>	
Distributions to shareholders	(779,000)
Issuance of note receivable	(2,500,000)
Proceeds from line of credit	2,520,595
Loans to related parties, net	83,439
<b>Net cash (used) by financing activities</b>	<b>(674,966)</b>
Net increase in cash	190,595
Cash, beginning of year	372,988
<b>Cash, end of year</b>	<b>\$ 563,583</b>

*See accompanying notes.*

**MCT EXPRESS, INC.**  
**DBA MIAMI DADE AMBULANCE SERVICE**  
**NOTES TO FINANCIAL STATEMENTS**

*Note 1 – Nature of Operations and Significant Accounting Policies*

*Nature of Operations*

MCT Express, Inc. (“the Company”) was incorporated under the laws of the State of Florida in January 2001. The Company plans, manages and executes an emergency and non-emergency ambulance transportation service. The Company currently provides services in the Dade, Broward and the Treasure Coast Counties.

*Accounting method*

The Company prepares its financial statements using the accrual basis of accounting in accordance with generally accepted accounting principles; consequently, revenues are recognized when earned and expenses are recognized when the obligation is incurred.

*Cash and Cash Equivalents*

Cash and cash equivalents include cash on hand and cash deposited in checking and money market accounts in financial institutions; highly liquid investments with an original maturity of three months or less that are not subject to restriction as to withdrawal or use. The Company maintains its cash in bank deposit accounts which, at times, may exceed federally insured limits. The Company has not experienced any losses in such accounts. Management believes that the Company is not exposed to any significant credit risk on cash and cash equivalents.

*Accounts Receivable, net*

Receivables, net are recorded at the principal amount, net of an allowance for doubtful accounts and consist of amounts due from customers. Receivables determined to be uncollectible are charged against the allowance and any subsequent recoveries are credited to the allowance. The allowance for doubtful accounts at December 31, 2019 was \$450,000. Accounts receivables, net at December 31, 2019 were \$2,084,374.

*Fixed Assets*

Fixed assets are stated at cost, less accumulated depreciation. Depreciation is provided using the straight-line method, over the estimated useful lives of the assets.

*Impairment of Long-Lived Assets*

Long-lived assets and certain identifiable intangibles are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount of an asset may not be recoverable. Recoverability of assets to be held and used is measured by a comparison of the carrying amount of an asset to the future net cash flows, undiscounted and without interest charges expected to be generated by the asset. If such assets are considered to be impaired, the impairment to be recognized is measured by the amount by which the carrying amount of the asset exceeds the fair value of the asset.

**MCT EXPRESS, INC.**  
**DBA MIAMI DADE AMBULANCE SERVICE**  
**NOTES TO FINANCIAL STATEMENTS**

*Note 1 – Nature of Operations and Significant Accounting Policies (continued)*

*Income Taxes*

MCT Express, Inc. is an S corporation and does not pay income taxes. The shareholders of MCT Express, Inc. recognize their share of the income on their personal income tax return.

*Use of Estimates*

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions. These estimates and assumptions may affect the reported amounts of assets, liabilities, and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expense during the reporting period. Actual results could differ from those estimates.

*Fair Value of Financial Instruments*

Cash, accounts receivable, accounts payable, debt, accrued expenses and other liabilities are carried at amounts which reasonably approximate their fair value due to the short-term nature of these amounts or due to variable rates of interest which are consistent with current market rates.

*Note 2 – Note Receivable*

On December 02, 2019, the company issued a \$2,500,000 note receivable to a related company at an annual rate of 4%. Principal and accrued interest are due in June 2020.

*Note 3 – Fixed Assets*

At December 31, 2019, fixed assets consisted of ambulances and related ambulance equipment, computers and billing software, office furniture and equipment with estimated useful lives ranging from three years to seven years. Fixed assets total cost of \$4,603,699 less accumulated depreciation of \$4,052,368 amounted to \$551,331, net. For the year ended December 31, 2019, depreciation expense totaled \$125,000.

Ambulances and ambulance equipment	\$	3,050,773
Computer and billing software		1,481,463
Office furniture and equipment		71,463
		4,603,699
Less – accumulated depreciation		4,052,368
	\$	551,331

**MCT EXPRESS, INC.**  
**DBA MIAMI DADE AMBULANCE SERVICE**  
**NOTES TO FINANCIAL STATEMENTS**

***Note 4 –Loans to Related Parties, Net***

The Company borrows and lends monies from/to related entities under common ownership. At December 31, 2019, the net amount owed from related entities was \$300,985. These amounts are due on demand and do not accrue interest.

***Note 5 –Line of Credit***

The Company has a \$5,000,000 revolving line of credit, with a major Bank. Interest is payable monthly at the per annum rate equal to the LIBOR Rate plus two hundred twenty-five (225) basis points. The interest rate on this line of credit was 4.03% at December 31, 2019. The amount outstanding at December 31, 2019 was \$2,520,595. The revolving line matures on August 2021. The loan is guaranteed by the shareholders of the Company and collateralized by the accounts receivables and all other assets of the Company.

***Note 6 – Major Customer***

No customer accounted for greater than ten percent of gross sales. No customer accounted for greater than ten percent of the accounts receivable balance at December 31, 2019.

***Note 7 – Subsequent Events and Commitments and Contingencies***

The Company evaluated subsequent events and transactions that occurred after the date of the report and up to the date that the financial statements were issued.

In April 2020, the company purchased certain assets of an ambulance and non-emergency transportation company. The company also assumed their property lease payable obligations.

Management is currently evaluating the impact of the COVID-19 pandemic on the Industry and the Company and has concluded that while it is possible that the virus could have a negative effect on the Industry, management is of the opinion that the COVID-19 pandemic has not had a material effect on the Company's financial position nor on its business operations.

# RG Ambulance Service, Inc.

## Medical Director Attestation

I, Dr. Eric Weipert, Medical Director for RG Ambulance Service, Inc. dba American Ambulance hereby attests the all Paramedics for RG Ambulance Service, Inc. dba American Ambulance are State Certified.



Dr. Eric Weipert

11/18/2020

Date

# RG Ambulance Service, Inc.

## Medical Director Attestation

Pursuant to Florida Administrative Code 64J-1.004, I Dr. Eric Weipert, Medical Director for RG Ambulance Service, Inc. dba American Ambulance hereby attests the all applicants hired by for RG Ambulance Service, Inc. dba American Ambulance. are certified, qualified, and authorized to perform Basic and Advanced Life Support skills.



Dr. Eric Weipert

11/18/2020

Date

**STATE OF FLORIDA**  
**DEPARTMENT OF HEALTH · EMERGENCY MEDICAL SERVICES**  
**ADVANCED LIFE SUPPORT VEHICLE INSPECTION REPORT (SECTION 401.31, F.S.)**

**Service Name:** \_\_\_\_\_ **Inspection Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Unit No.** \_\_\_\_\_

**Inspection Codes:**  
 1 = Item meets inspection criteria.  
 1a = Item corrected during inspection to meet criteria.  
 2 = Items not in compliance with inspection criteria.

**Rating Categories:**  
 1 = Lifesaving equipment, medical supplies, drugs, records or procedures  
 2 = Intermediate support equipment, medical supplies, drugs, records or procedures  
 3 = Minimal support equipment, medical supplies, records or procedures


**LS EQUIPMENT AND MEDICATIONS**  
 (Reference Chapter 64J-1, F.A.C.)

MEDICATIONS	WT/VOL	QTY	MEDICAL EQUIPMENT (Cont.)
1. Atropine Sulfate			n. Intraosseous needles 15 or 16 gauge and three way stop-cocks. As allowed by medical director.
2. Dextrose, 50 percent	25 gm/50ml		o. Syringes from 1 ml. To 20 ml.
3. Epinephrine HCL	1:1,000 1 mg/ml		p. DC battery powered portable monitor defibrillator capable of delivering energy below 25 watts/sec with adult and pediatric paddles (or pediatric paddle adapters) and EKG printout and spare battery.
4. Epinephrine HCL	1: 10,000 1 mg/10cc		q. Adult and pediatric monitoring electrodes.
5. Ventricular dysrhythmic			r. Pacing electrodes, if monitor or defibrillator requires.
7. Naloxone (Narcan)	1 mg/ml 2 mg amp.		s. Electronic waveform capnography capable of real-time Monitoring and printing record of the intubated patient
8. Nitroglycerin	0.4 mg spray pump		t. Method of blood glucose monitoring approved by medical director.
9. Diazepam	5 mg/ml		u. Pediatric length based measurement tape for equipment selection and drug dosage.
10. Inhalant, Beta Adrenergic agent with nebulizer apparatus, approved by medical director	In nebulizer apparatus		v. Approved sharps container per Chapter 64J-1, F.A.C.
IV SOLUTIONS MINIMUM AMMOUNTS			w. Flexible suction catheters size 6-8, 10-12, and 14, French
MINIMUM QTY			One each
1. Lactated Ringers or Normal Saline		In any combination	<b>Other ALS Requirements</b>
<b>Medical Equipment</b>			1. Standing orders – authorized by current medical director within last 24 months
a. Laryngoscope handle with batteries			2. Controlled substances stored in a locked drug compartment.
b. Laryngoscope blades, adult, child and infant sizes			3. Controlled substance written vehicle log:
c. Pediatric IV arm board or splint appropriate for IV stabilization			A. Inventory conducted at beginning and end of shift.
d. Disposable endotracheal tubes; adult, child and infant sizes (Two each within the ranges 2.5mm – 5.0mm shall be uncuffed; range 5. mm – 7.0mm; 7.5mm – 9.0mm)			B. Log consecutively, permanently numbered pages.
e. Pediatric and adult endotracheal tube stylets.			C. Log on each vehicle specifies:
f. Pediatric and adult Magill forceps.			1. Vehicle unit or number;
g. Device for intratracheal meconium suctioning in newborns			2. Name of employee conducting inventory;
h. Tourniquets			3. Date and time of inventory;
i. IV cannulae between 14 and 24 gauge			4. Name, weight, volume or quantity and expiration date of each controlled substance;
j. Micro drip sets			5. Run report no. (if administered);
k. Macro drip sets			6. Each amount administered or disposed;
l. IV pressure infuser			7. Printed name and signature of administering Paramedic or other authorized licensed professional.
m. Needles between 18 and 25 gauge			8. Printed name and signature of person witnessing the disposal of each unused portion.

**Comments:**  
 I, the undersigned representative of the above service, acknowledge receipt of a copy of this inspection narrative, applicable supplemental inspection reports and corrective action statement (if applicable). In addition, I am aware of the deficiencies listed (if any) and understand that failure to correct the deficiencies within the established time frames will subject the service and its authorized representatives to administrative action and penalties as outlined in Section 401, F.S., and Chapter 64J-1, F.A.C. Copy of Inspection report and Corrective Action Statement Received by:

Person in Charge: \_\_\_\_\_ Date: \_\_\_\_\_  
 Inspected By: \_\_\_\_\_ Date: \_\_\_\_\_

The provider's medical director may determine quantities. Quantities must be sufficient to meet the services protocols.

# American Ambulance Paramedic Unit Drug Inventory

Vehicle #: \_\_\_\_\_

Medication	# required	# stocked	Expiration Date	Temperature
Atrovent (Ipratropium Bromide)	6			
Adenosine	5			
Albuterol	6			
Amiodarone	3			
Aspirin	1 bottle			
Atropine	4			
Calcium Chloride 10%	2			
Dextrose 50%	2			
Diphenhydramine (Benadryl)	2			
Dopamine 800 µg/ml	2			
Epinephrine 1:1,000	5			
Epinephrine 1:10,000	4			
Fentanyl 100 µg/ml	1			
Geodon	1			
Glucagon	1			
MgSO4	2			
Narcan	4			
Nitroglycerine PO	1 bottle			
Normal Saline 500cc	4			
Normal Saline 10cc	6			
Sodium Bicarb 8.4%	1			
Solu-Medrol	1			
Sterile Water	2			
Thiamine	2			
Versed 10 mg	1 vial			
Zofran	2			

Date: \_\_\_\_\_

**Drug restock inventory request**

**Reason**

\*Controlled medications must be documented in the narcotics control log

	<input type="checkbox"/> Used	<input type="checkbox"/> Expired	<input type="checkbox"/> Broken
	<input type="checkbox"/> Used	<input type="checkbox"/> Expired	<input type="checkbox"/> Broken
	<input type="checkbox"/> Used	<input type="checkbox"/> Expired	<input type="checkbox"/> Broken
	<input type="checkbox"/> Used	<input type="checkbox"/> Expired	<input type="checkbox"/> Broken



November 11, 2020

Ref: RG AMBULANCE SERVICE INC

To Whom It May Concerned.

Please be advised that MCT EXPRESS INC has a current policy with us that offers coverage from August 16 2020 to August 16 2021 as you will see on the attached certificate we have prepared endorsement to add coverage to this policy as of 01/13/21 as follow.

Adding :

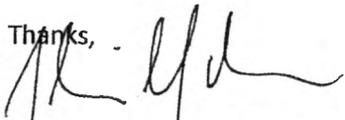
- 1 RG AMBULANCE SERVICE INC
- 2 FALCK SE II CORP
- 3 D/B/A ALL COUNTY AMBULANCE
- 4 D/B/A AMERICAN AMBULANCE SERVICE
- 5 D/B/A AMRICAN AMBULANCE

In addition with additional insureds for the following county's :

- |                      |                    |                        |
|----------------------|--------------------|------------------------|
| 1- MARTIN COUNTY     | 2- ST LUCIE COUNTY | 3- INDIAN RIVER COUNTY |
| 4- OKEECHOBEE COUNTY | 5- HENDRY COUNTY   | 6- SEMINOLE COUNTY     |
| 7- ORANGE COUNTY     | 8- POLK COUNTY     | 9- OSCEOLA COUNTY      |
| 10- FLAGLER COUNTY   |                    |                        |

If you have any further questions or need any assistances please contact me direct.  
Isidro Guillama at 305-992-6316

Thanks,

  
Isidro Guillama  
General Agent / CEO



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/11/20

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Procom Insurance Underwriters 4909 SW 74th Ct. Miami, FL 33155 Phone (305) 740-4460 Fax (305) 740-4469	<b>CONTACT NAME:</b> ISIDRO GUILLAMA <b>PHONE (A/C, No, Ext):</b> (305) 740-4460 <b>FAX (A/C, No):</b> (305) 740-4469 <b>E-MAIL ADDRESS:</b> mbruna@procomcorp.com
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>NAIC #</b> INSURER A: Certain Underwriters At Lloyds AA-1122000 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

<b>COVERAGES</b>	<b>CERTIFICATE NUMBER:</b>	<b>REVISION NUMBER:</b>
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THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> 10,000 Deductible GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	Y	W284D3200201	08/16/2020	08/16/2021	EACH OCCURRENCE \$ 2,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 250,000.00 MED EXP (Any one person) \$ 5,000.00 PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 4,000,000.00 PRODUCTS - COMP/OP AGG \$ 1,000,000.00
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYE \$ E.L. DISEASE - POLICY LIMIT \$
A	Medical Professional Liability Includ.		W284D3200201	08/16/2020	08/16/2021	\$ 1,000,000 EACH CLAIM / \$ 3,000,000 AGG

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

A Loc#1 2766 NW 62 STREET MIAMI, FL 33147 // Loc#2 23635 S. DIXIE HWY MIAMI, FL 33030  
 A 1,000,000 SEXUAL ABUSE -EACH CLAIM/ 3,000,000 SEXUAL ABUSE AGGREGATE /MOLESTATION  
 A GENERAL LIABILITY \$10,000 DEDUCTIBLE.  
 A PROFESSIONAL LIABILITY \$10,000 DEDUCTIBLE  
 TRANSPORTATION COMPANY- NON EMERGENCY VEHICLES.

**CERTIFICATE HOLDER****CANCELLATION**

PROOF OF INSURANCE	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE ISIDRO GUILLAMA



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/12/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Global Affinity Managers 909 Castle Pointe Terrace  Hoboken NJ 07030	<b>CONTACT NAME:</b> Kevin Johnson <b>PHONE (A/C, No, Ext):</b> 2017448395 <b>E-MAIL ADDRESS:</b> onesourcewcins@gmail.com	<b>FAX (A/C, No):</b>
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> RG Ambulance Services, Inc. 2766 NW 62nd Street  Miami FL 33147	<b>INSURER A:</b> Hartford Fire Insurance Co.	<b>NAIC #</b> 19682
	<b>INSURER B:</b> General Star National Insurance Co.	11967
	<b>INSURER C:</b> Hartford Fire Insurance Co.	19682
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			12 CSE S50302	01/01/2020	01/01/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 300,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$			NXG927724C	01/01/2020	01/01/2021	EACH OCCURRENCE \$ 700,000 AGGREGATE \$ \$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	12WNS50301	01/01/2020	01/01/2021	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER****CANCELLATION**

Orange County  P.O. Box 4970  Orlando FL 32802	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE <i>Robert Islesen</i>
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**ORANGE COUNTY BOARD OF COUNTY COMMISSIONERS  
EMS OFFICE OF THE MEDICAL DIRECTOR  
CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY**

WHEREAS, the RG Ambulance Service, Inc. dba American Ambulance has requested authorization to provide  
Advanced Life Support and Basic Life Support Transport services to the citizens of Orange County and

WHEREAS, there has been a demonstrated need to provide these essential services to the citizens of Orange County; and,

WHEREAS, the above named service affirms that it will maintain compliance with requirements of the State and  
County Laws, Ordinances and Rules and Regulations.

THEREFORE, the Board of County Commissioners of Orange County hereby issues a Certificate of Public  
Convenience and Necessity to this ALS and BLS Transport service.  
(~~BLS/ALS-transport~~ or ~~ALS non-transport~~)

Date Issued: January 15, 2021

Date of Expiration: January 15, 2023

Limitations: Interfacility



*Byronne B. Burns*

(Mayor, Board of County Commissioners)