September 9, 2020

TO:

Mayor Jerry L. Demings

-AND-

Board of County Commissioners

THRU:

Yolanda G. Martinez, EdPhD., PhD., Directoff

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

BrightStart Pediatrics LLC

Consent Agenda – September 22, 2020

The EMS Office of the Medical Director requests the approval of the renewal Paratransit Services License for BrightStart Pediatrics LLC. BrightStart Pediatrics LLC has submitted the attached application requesting approval of a Paratransit Services License to provide wheelchair service within Orange County.

The EMS Office of the Medical Director has determined that all requirements have been met by BrightStart Pediatrics LLC as contained in Orange County Ordinance 2001-09.

ACTION REQUESTED:

Approval and execution of the renewal Paratransit Services License for BrightStart Pediatrics LLC to provide wheelchair service. The term of this license is from October 1, 2020 through October 1, 2022. There is no cost to the County (FMS Office of the Medical Director)

to the County. (EMS Office of the Medical Director)

CCZ/cf

Attachments



RENEWAL PARATRANSIT SERVICES: APPLICATION FOR LICENSE

APPLIC	CATION DATE:08-19-2020			
SECTI	ON I: GENERAL INFORMATION			
1.	. NAME OF SERVICE: BrightStart Pediatrics LLC			
2.	. BUSINESS ADDRESS (INCLUDE COUNTY):			
	12377 S. Orange Blossom Trail, Orlando, FL 32837 Orange County 1335 Winter Garden Vineland Rd, Suite 120, Winter Garden, FL 34787 Orange County			
3.	CONTACT INFORMATION: Name: Linda Brown			
	Business Phone: 407-857-1212 Mobile Phone: 407-461-2312			
4.	Email: <u>Lbrown@brightstartpeds.com</u> OWNERSHIP TYPE: X PRIVATE CORPORATION			
	a. If other, please describe:			
5.	LEVEL OF SERVICE: X WHEELCHAIR STRETCHER SOTH			
6.	6. PROOF OF CURRENT INSURANCE SUBMITTED TO EMS OFFICE:			
	X YES, DATE: DNO			

SECTION II: VEHICLES AND STAFFING

1. NUMBER OF VEHICLES IN OPERATION: 3

2. EMPLOYEE ROSTER:

<u>NAME</u>		CURRENT CPR CARD (Y/N)
Ana Rivera	 	<u> </u>
_Rafael Garcia	 	Υ
Candida Castillo	 	Y
Mohanie Heerafall		Υ Υ
Carolina Sayago		<u> </u>
Caroline Delgado	 	Υ.

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 OF APPLICANT OR REPRESENTATIVE

19th of August 201

DATE:

NOTARY SEAL

NOTARY SIGNATURE

Kristhal Portugal Notary Public, State of Michigan County of Oakland My Commission Expires February 25, 2023

