



Legislation Text

File #: 24-1374, **Version:** 1

Interoffice Memorandum

DATE: September 3, 2024

TO: Mayor Jerry L. Demings and County Commissioners

THROUGH: Raul Pino, MD, MPH, Director

FROM: Christian Zuver, MD, EMS, Office of Medical Director

CONTACT: Sandra Roe

PHONE: 407-836-7611

DIVISION: EMS, Office of the Medical Director

ACTION REQUESTED:

Approval and execution of the Paratransit Services License for Mediflex Transportation Services, LLC to provide wheelchair/stretchers service. The term of this license shall be from September 24, 2024, and terminate on September 23, 2026. 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 Mediflex Transportation Services, LLC. Mediflex Transportation Services, LLC has submitted an application for an Alternative Transportation Service/Paratransit license to provide wheelchair/stretchers service within Orange County. The EMS Office of the Medical Director has determined that Mediflex Transportation Services, LLC has met the prerequisites for licensure as an alternative transportation service in accordance with Section 20-132 of the Orange County Code. Public notice of this application has been posted and EMS has not received any objections.

BUDGET: N/A



RECEIVED 1 of 4

PARATRANSIT SERVICES: DATE: 5/3/2024 INITIALS: [Signature]

APPLICATION FOR LICENSE

APPLICATION DATE: 05/02/2024

PROPOSED DATE OPERATIONS WILL BEGIN: 06/01/2024

SECTION I: GENERAL INFORMATION

1. NAME OF SERVICE: Mediflex Transportation Services, LLC

2. BUSINESS ADDRESS (INCLUDE COUNTY): 17312 Summer Sun Court, Lake County Clermont, FL., 34711

3. CONTACT INFORMATION: Business Phone (407) 401-5991 Mobile Phone (203) 807-2125 Email mftinfo@mediflextransport.com

4. OWNERSHIP TYPE: [] PRIVATE CORPORATION [] GOVERNMENT AGENCY [X] OTHER a. If other, please describe: LLC

5. CORPORATE OFFICERS AND DIRECTORS: Table with columns NAME, ADDRESS, POSITION. Row: Cassandra Harvey, 17312 Summer Sun Court, Clermont, FL., 34711, Owner

6. LEVEL OF SERVICE: [] WHEELCHAIR [] STRETCHER [X] BOTH

7. COMMUNICATIONS EQUIPMENT: [X] TELEPHONE [] TWO-WAY RADIO [] OTHER a. If other, please describe:

SECTION II: REQUISITES TO OBTAINING LICENSE

1. PAYMENT OF ALL APPLICABLE FEES:

YES, DATE: _____ NO

2. VEHICLE INSPECTION COMPLETED BY EMS OFFICE:

YES, DATE: _____ NO

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

- Verifiable business or work references for 5 years, including one notarized letter of reference
- Five verifiable personal/business references, including two notarized letters of reference
- Five verifiable credit references, including two notarized letters of reference

4. CURRENT NOTARIZED FINANCIAL STATEMENT SUBMITTED TO EMS OFFICE:

YES, DATE: _____ NO

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

5. PROOF OF INSURANCE SUBMITTED TO EMS OFFICE:

YES, DATE: _____ NO

SECTION III: VEHICLES AND STAFFING

1. NUMBER OF VEHICLES IN OPERATION: 1 _____

2. EMPLOYEE ROSTER:

<u>NAME</u>	<u>CURRENT CPR CARD (Y/N)</u>
Cassandra Harvey	Y
Daran Bucknor	N
Jordane White	N

ATTACHMENT I: REFERENCES

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

Licensed Practical Nurse 2009
Encompass Health and Rehabilitation Hospital, Clermont, FL...July, 2023 - Present
Southlake Hosp., Clermont FL., February 2023 - July 2023
November 2022 - January 2023...Unemployed
Recovery Network of Programs, Center for Human Services, Stratford, CT...April 2018 - November 2022

- 2. List five personal or business references. Submission of two notarized letters of reference from list below is required.**

NAME	ADDRESS	PHONE
SMS Tax and Accounting	2810 E. Oakland Park Blvd, Ft. Lauderdale, FL 33306	(954) 306-3785
Marcella Campbell	7016 NW 49th St, Lauderhill, FL 33319	(954) 892-4276
Gamal Alexander	12704 Center Park Way, Upper Marlboro, MD 20772	(917) 399-8125
Ms. Yvonne Lindsay	7319 Ednitas Way, Orlando, FL 32818	(407) 485-1119
Joy White	7413 High Lake Dr, Orlando FL 32818	(321) 593-2466

- 3. List five credit references. Submission of two notarized letters of reference from list below is required.**

NAME	ADDRESS	PHONE
y of Our Lady of Mercy, Laura	200 High Street, Milford, Ct. 06460	(203) 877-2786
Infiniti Financial Services	Dallas, Tx 75266	(866) 456-4124
Chase Bank	16705 State Road 50, Clermont, FI 34711	(407) 654-8368
T-Mobile	Albuquerque, NM 87176	(855) 549-0023
SMS Tax & Accounting	2810 E. Oakland Park Blvd. Ft. Lauderdale FI 33306	(954) 306-3785



PARATRANSIT SERVICES:
APPLICATION FOR LICENSE

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.

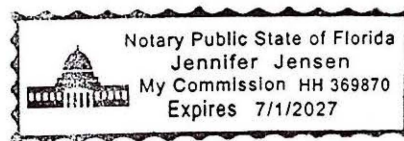
A handwritten signature in black ink, appearing to be "C. H. ...", written over a horizontal line.

SIGNATURE OF APPLICANT OR REPRESENTATIVE

The date "5/3/2024" handwritten in black ink, positioned above a horizontal line.

DATE

NOTARY SEAL



A handwritten signature in blue ink, appearing to be "Jennifer Jensen", written over a horizontal line.

NOTARY SIGNATURE

Driver's License

License

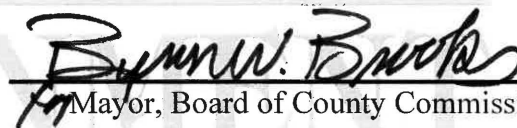
Paratransit Services

Orange County
Board of County Commissioners
Emergency Medical Services

This is to certify that MEDIFLEX TRANSPORTATION SERVICES, LLC
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 24, 2024

Date of Expiration: September 23, 2026



Mayor, Board of County Commissioners

