

Legislation Text

File #: 25-577, Version: 1

### Interoffice Memorandum

**DATE:** March 28, 2025

**TO:** Mayor Jerry L. Demings and County Commissioners

THROUGH: Raul Pino, Director, M.D. MPH

FROM: Christian Zuver, M.D., Medical Director

CONTACT: Sandra D. Roe

**PHONE:** 407-836-7611

**DIVISION:** EMS, Office of the Medical Director

### **ACTION REQUESTED:**

Approval and execution of the Paratransit Services License for Excely Health Medical Transport LLC to provide wheelchair/stretcher service. The term of this license shall be from April 22, 2025, and terminate on April 21, 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 Excely Health Medical Transport LLC. Excely Health Medical Transport LLC has submitted an application for an Alternative Transportation Service/Paratransit license to provide wheelchair/stretcher service within Orange County. The EMS Office of the Medical Director has determined that Excely Health Medical Transport 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



# PARATRANSIT SERVICES: CEIVED APPLICATION FOR LICENSE DATE: 10/01/04/ INITIALS:

APPLICATION DATE: 08/29/2024

PROPOSED DATE OPERATIONS WILL BEGIN: 01/01/2025

### **SECTION I: GENERAL INFORMATION**

- 1. NAME OF SERVICE: EXCELY HEALTH MEDICAL TRANSPORT LLC
- 2. BUSINESS ADDRESS (INCLUDE COUNTY):

801 W State Road 436 Ste 2151 Altamonte Springs FL 32714 United States

SEMINOLE COUNTY

3. CONTACT INFORMATION: Business Phone 407-782-3804

Mobile Phone 407-782-3804

Email INFO@EXCELYTRANSPORT.COM

### 4. OWNERSHIP TYPE: PRIVATE CORPORATION GOVERNMENT AGENCY OTHER

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

### 5. CORPORATE OFFICERS AND DIRECTORS:

NAMEADDRESSPOSITIONSTEPHANIE SEVERE1123 SIMEON ROAD OAKLAND, FGENERAL MANAGERWENDELL DALTIRUS1123 SIMEON ROAD OAKLAND, FMARKETING DIRECTOR

- 6. LEVEL OF SERVICE: DWHEELCHAIR DSTRETCHER BOTH
- 7. COMMUNICATIONS EQUIPMENT: TELEPHONE TWO-WAY RADIO OTHER
  - a. If other, please describe: \_\_\_\_\_

Revision Date: 07/25/2017

2	of 4

	ON II: REQUISITES TO OBTAINING L	ICENSE	
1.	PAYMENT OF ALL APPLICABLE FEES:		
2.	VEHICLE INSPECTION COMPLETED BY EMS OFFICE:		
	□ YES, DATE:		
3.	REFERENCES/LETTERS OF SUPPORT SUBMITTED TO EMS OFFICE (Attachment I):		
	Verifiable business or work reference	ences for 5 years, including one notarized	
	<ul> <li>Five verifiable personal/business reference</li> </ul>	references, including two notarized letters of	
	□ Five verifiable credit references, i	including two notarized letters of reference	
4.	CURRENT NOTARIZED FINANCIAL STATEMENT SUBMITTED TO EMS OFFICE:		
	☑ YES, DATE:		
	Example: Current letter from bank verify numbers please).	ing business account status (no account	
5.	PROOF OF INSURANCE SUBMITTED TO EMS OFFICE:		
	☑ YES, DATE:		
<u>SECTI</u>	ON III: VEHICLES AND STAFFING		
1.	NUMBER OF VEHICLES IN OPERATION:	1	
2.	EMPLOYEE ROSTER:		
	NAME	CURRENT CPR CARD (Y/N)	
WEND	ELL DALTIRUS	YES	

Revision Date: 07/25/2017

# **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.

Healthtrust 2019-present (800) 783-7823

Fastaff 2021-2022. (800) 736-8773

Excely Health Medical Transport 2024-present 407-782-4804

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

NAME	ADDRESS	PHONE
BEN ROBERT	945 S Orange Blossom Trail Apopka, FL 32703	(407) 243-7800
PREDNOT DALTIRUS	2832 N Hiawassee Rd Orlando, FL 32818	(407) 222-4791
LORVENA SALOMON	1685 Lee Rd STE 210, Winter Park, FL 32789	(883) 600-1280
SHERLY LOUIS	Clermont, FL	(786) 521-2616
MICHAEL NOELUS	5 CITRUS GROVE BOULVARD LOXAHAXTHEE FL 3	(561) 951 5869

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

NAME	ADDRESS	PHONE
Winter Garden Karate	1165 E Plant St, Ste 5, Winter Garden, FL 34787	+1 (407) 877-9951
Duke Energy	8407 Boggy Creek Rd, Orlando, FL 32824	(800) 777-9898
Town of oakland	220 N Tubb St, Oakland, FL 34760	(407) 656-1117
Capital one Auto	7933 Preston Road Plano , TX 75024	1-800-946-0332
Serve Bank	3201 Orchard Road Oswego, IL 60543	800-272-3286





# 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.

SIGNATURE OF APPLICANT OR REPRESENTATIVE

121/2024

DATE

**NOTARY SEAL** 

Notary Public State of Florida Brijesh Amin My Commission HH 271639 Exp. 6/5/2026 Jubesu. **NOTARY SIGNATURE** 



# Paratransit Services

Orange County Board of County Commissioners Emergency Medical Services

and Rules and Regulations established by the Board of County Commissioners and is authorized to operate a Paratransit Service in **Excely Health Medical Transport LLC** 2001-09 has complied with the Orange County Code This is to certify that Orange County.

Date of Issue: April 22, 2025

Date of Expiration: April 21, 2027

Mayor, Board of County Commissi