



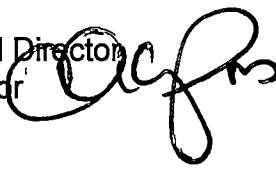
Interoffice Memorandum

AGENDA ITEM

May 3, 2019

TO: Mayor Jerry L. Demings
-AND-
Board of 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

SUBJECT: Paratransit Services License
Florida Medical Transport, Inc.
Consent Agenda – May 21, 2019

The EMS Office of the Medical Director requests the approval of the renewal Paratransit Services License for Florida Medical Transport, Inc. Florida Medical Transport, Inc. has submitted the attached application requesting approval of a Paratransit Services License to provide wheelchair/stretchers service within Orange County.

The EMS Office of the Medical Director has determined that all requirements have been met by Florida Medical Transport, Inc. as contained in Orange County Ordinance 2001-09.

ACTION REQUESTED: Approval and execution of the renewal Paratransit Services License for Florida Medical Transport, Inc. to provide wheelchair/stretchers service. The term of this license is from June 1, 2019 through June 1, 2021. There is no cost to the County. **(EMS Office of the Medical Director)**

CCZ/cf

Attachments



RENEWAL PARATRANSIT SERVICES:

APPLICATION FOR LICENSE

APPLICATION DATE: May 01, 2019

SECTION I: GENERAL INFORMATION

1. NAME OF SERVICE: Florida Medical Transport, Inc.

2. BUSINESS ADDRESS (INCLUDE COUNTY):
2500 West Lake Mary Blvd. Suite# 107 Lake Mary, Seminole County

3. CONTACT INFORMATION: Name: Alex Mukhi, CEO/President
Business Phone: 407-260-1230
Mobile Phone: 516-239-2369

Email:
alexm@flmedtransport.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: _____ NO

SECTION II: VEHICLES AND STAFFING

1. NUMBER OF VEHICLES IN OPERATION: 5

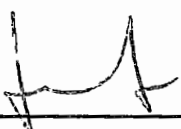
2. EMPLOYEE ROSTER:

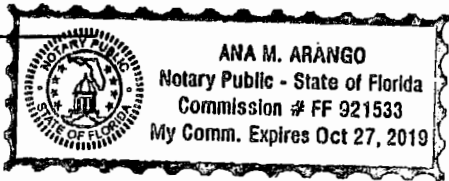
<u>NAME</u>	<u>CURRENT CPR CARD (Y/N)</u>
<u>Collins, Lawrence(Y)</u>	
<u>Ewin, Brian (Y)</u>	
<u>Fr�ancois, Omel(Y)</u>	
<u>Reyes, Irvin (Y)</u>	
<u>Reyes, Julio (Y)</u>	
<u>Santiago, Darius(Y)</u>	
<u>Sapp, Samuel(Y)</u>	

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

5/1/2019
DATE:


NOTARY SIGNATURE



License Paratransit Services

Orange County
Board of County Commissioners
Emergency Medical Services

This is to certify that FLORIDA MEDICAL TRANSPORT, INC.
has complied with the Orange County Code 2001-9 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: June 1, 2019

Date of Expiration: June 1, 2021

B. W. B. B. B.

Mayor, Board of County Commissioners

