

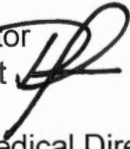



Interoffice Memorandum

AGENDA ITEM

February 1, 2024

TO: Mayor Jerry L. Demings  
-AND-  
County Commissioners

THRU: Raul Pino, MD, MPH, 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  
HolyHands NEMT LLC  
**Consent Agenda – February 20, 2024**

The EMS Office of the Medical Director requests approval and execution of the Paratransit Services License for HolyHands NEMT LLC. HolyHands NEMT 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 HolyHands NEMT 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.

**ACTION REQUESTED:** Approval and execution of the Paratransit Services License for HolyHands NEMT LLC to provide wheelchair/stretchers service. The term of this license shall be from February 20, 2024, and terminate on February 19, 2026. There is no cost to the County. **(EMS Office of the Medical Director)**

CCZ/jj

Attachments

# License

## Paratransit Services

Orange County  
Board of County Commissioners  
Emergency Medical Services

This is to certify that HOLYHANDS NEMT 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: February 20, 2024

Date of Expiration: February 19, 2026

*Byron W. Brooks*  
Mayor, Board of County Commissioners





**PARATRANSIT SERVICES:**  
**APPLICATION FOR LICENSE**

**RECEIVED**

DATE: 11/9/23  
INITIALS: [Signature]

APPLICATION DATE: 11/02/2023

PROPOSED DATE OPERATIONS WILL BEGIN: \_\_\_\_\_

**SECTION I: GENERAL INFORMATION**

*HolyHands NEMT LLC*

1. NAME OF SERVICE: Non Emergency Medical Transportation

2. BUSINESS ADDRESS (INCLUDE COUNTY):  
610 Yucatan Drive Orlando, FL 32807 Orange County

3. CONTACT INFORMATION: Business Phone (321) 295-9641  
Mobile Phone (321) 295-9641  
Email rafaeli@holy-hands.com

4. OWNERSHIP TYPE:  PRIVATE CORPORATION  GOVERNMENT AGENCY  OTHER  
a. If other, please describe: \_\_\_\_\_

5. CORPORATE OFFICERS AND DIRECTORS:

<u>NAME</u>	<u>ADDRESS</u>	<u>POSITION</u>
Rafaeli Cruz Ramos	610 Yucatan Drive	Owner

6. LEVEL OF SERVICE:  WHEELCHAIR  STRETCHER  BOTH

7. COMMUNICATIONS EQUIPMENT:  TELEPHONE  TWO-WAY RADIO  OTHER  
a. If other, please describe: \_\_\_\_\_

**SECTION II: REQUISITES TO OBTAINING LICENSE**

1. PAYMENT OF ALL APPLICABLE FEES:

YES, DATE: 11/22/23  NO

2. VEHICLE INSPECTION COMPLETED BY EMS OFFICE:

YES, DATE: pending  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: 12/18/23  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>
Rafaeli Cruz Ramos	

## 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.**

LRAV - Marketing Anaylst - September 2022 - September 2023
Pepboys - Warehouse Associate - January 2021 - July 2021
Lyft - Tampa Market Operations - August 2018 - May 2020

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

NAME	ADDRESS	PHONE
Christian De Leon	642 Dorado Ave. Orlando, FL 32807	(321) 287-9891
Albert Gonzalez	129 Meriwood Drive, Kissimmee, FL 34743	(407) 319-0621
Brandon Rivera	2616 Peel Ave, Orlando, FL 32807	(689) 242-6898
Aidyl Rivera	1824 Ashton Drive, Saint Cloud, FL 34771	(407) 800-4018
Sammy Bey	10200 Wetland Trail Apt 1918, Orlando, FL 32817	(407) 723-9669

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

NAME	ADDRESS	PHONE
	New Business, Start Up	
Laura R. Roman	(Chase Bank) 4444 Curry Ford Rd Orlando, FL 32812	(407) 275-2974
Truist	(Truist) 3800 S Semoran Blvd Orlando, FL 32822	(407) 867-6600
J. Hartley	(OUC) P.O Box 3193 Orlando, FL 32802	(407) 423-9018



**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 "Paul G. Jensen", written over a horizontal line.

**SIGNATURE OF APPLICANT OR REPRESENTATIVE**

11/9/23

**DATE**

**NOTARY SEAL**



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

**NOTARY SIGNATURE**

J. Jensen