




Interoffice Memorandum

AGENDA ITEM

January 16, 2020

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
LifeFleet SouthEast d/b/a American Medical Response
Consent Agenda – January 28, 2020

The EMS Office of the Medical Director requests approval and execution of the Paratransit Services License for LifeFleet SouthEast d/b/a American Medical Response. LifeFleet SouthEast d/b/a American Medical Response 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 LifeFleet SouthEast d/b/a American Medical Response as contained in Orange County Ordinance 2001-09. The public notice has been posted for this request and no objection has been received.

ACTION REQUESTED: Approval and execution of the Paratransit Services License for LifeFleet SouthEast d/b/a American Medical Response to provide wheelchair/stretchers service. The term of this license is from February 1, 2020 through February 1, 2022. There is no cost to the County. **(EMS Office of the Medical Director)**

CCZ/cf

Attachments



RENEWAL PARATRANSIT SERVICES:
APPLICATION FOR LICENSE

APPLICATION DATE: 29 October 2019

SECTION I: GENERAL INFORMATION

1. NAME OF SERVICE: LifeFleet SouthEast d/b/a American Medical Response
2. BUSINESS ADDRESS (INCLUDE COUNTY):
4531 Oak Fair Blvd, Tampa, Florida 33610
Hillsborough County, Florida
3. CONTACT INFORMATION: Name: Yaima Acosta
Business Phone: (407) 578-3642
Mobile Phone: (407)868-0928
Email: Yaima.acosta@amr.net
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:
X YES, DATE: _____ NO

SECTION II: VEHICLES AND STAFFING

1. NUMBER OF VEHICLES IN OPERATION: 4

801W	2013	1FTNE2EWXDDA02188
802	2013	1FTNE2EW1DDA02189
908	2006	1FTNS24W56DA62845
910	2007	1FTNS24W96DB38261

2. EMPLOYEE ROSTER:

<u>NAME</u>	<u>CURRENT CPR CARD (Y/N)</u>
SEE ATTACHED LIST	Yes

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.

Edward Badam

SIGNATURE OF APPLICANT OR REPRESENTATIVE

10/30/19

DATE:

NOTARY SEAL

Robyn Gudelanis

NOTARY SIGNATURE



License Paratransit Services

Orange County
Board of County Commissioners
Emergency Medical Services

This is to certify that LifeFleet SouthEast d/b/a American Medical Response
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: February 1, 2020

Date of Expiration: February 1, 2022

Byron W. Brooks
Mayor, Board of County Commissioners

