



Legislation Text

File #: 25-1133, **Version:** 1

Interoffice Memorandum

DATE: August 5, 2025

TO: Mayor Jerry L. Demings and County Commissioners

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

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 renewal Paratransit Services License for DDD Enterprises LLC. d/b/a Care Medical Transportation to provide wheelchair/stretchers service. The term of this license shall be from October 24, 2025, and will terminate on October 23, 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 DDD Enterprises LLC. d/b/a Care Medical Transportation. DDD Enterprises LLC. d/b/a Care Medical Transportation has submitted the attached renewal 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 DDD Enterprises LLC. d/b/a Care Medical Transportation as contained in Orange County Ordinance 2001-09. All interested and appropriate persons have been notified of this renewal application.

BUDGET: N/A



RECEIVED

RENEWAL PARATRANSIT SERVICES:

APPLICATION FOR LICENSE

DATE: 7/3/25

INITIALS: [Signature]

APPLICATION DATE:

SECTION I: GENERAL INFORMATION

- 1. NAME OF SERVICE: DDD Enterprises Corporation D/B/A 'Care Medical Transportation'
- 2. BUSINESS ADDRESS (INCLUDE COUNTY): 6220 S Orange blossom trl, Ste 601, Orlando, FL 32805
- 3. CONTACT INFORMATION: Name: Dony Dessom
Business Phone: 561-871-4791
Mobile Phone: 407-489-7279
Email: Care.medical.transit@gmail.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: Expires 09/20/25 NO

SECTION II: VEHICLES AND STAFFING

- 1. NUMBER OF VEHICLES IN OPERATION: 3
- 2. EMPLOYEE ROSTER: Attached

NAME

CURRENT CPR CARD (Y/N)

Provided to EMS Office

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.

Dany Jessa
SIGNATURE OF APPLICANT OR REPRESENTATIVE

7/3/2025
DATE:



NOTARY SEAL
Jennifer Jensen
NOTARY SIGNATURE

✓ Driver's License

License

Paratransit Services

Orange County
Board of County Commissioners
Emergency Medical Services

This is to certify that DDD Enterprises LLC. d/b/a Care Medical Transportation
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: October 24, 2025

Date of Expiration: October 23, 2027

Bryan W. Brooks
Mayor, Board of County Commissioners

