



Legislation Text

File #: 26-0438, **Version:** 1

Interoffice Memorandum

DATE: March 27, 2026

TO: Mayor Jerry L. Demings and County Commissioners

THROUGH: Raul Pino, MD, MPH, Director

FROM: Christian Zuver, MD, Medical Director

CONTACT: Sandra Roe

PHONE: 407-836-7611

DIVISION: EMS, Office of the Medical Director

ACTION REQUESTED:

Approval and execution of the renewal Paratransit Services License for Shekinah Access America Transportation Care LLC to provide wheelchair/stretchers service. The term of this license shall be from June 1, 2026 and will terminate on May 31, 2028. 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 Shekinah Access America Transportation Care LLC. Shekinah Access America Transportation Care LLC 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 Shekinah Access America Transportation Care LLC as contained in Orange County Ordinance 2001-09. All interested and appropriate persons have been notified of this renewal application.

BUDGET: N/A

License

Paratransit Services

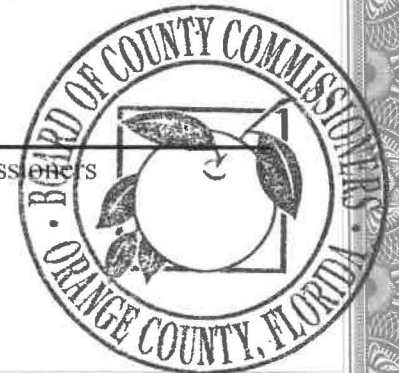
Orange County
Board of County Commissioners
Emergency Medical Services

This is to certify that Shekinah Access America Transportation Care 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: June 1, 2026

Date of Expiration: May 31, 2028

Bryan W. Banks
for Mayor, Board of County Commissioners





RENEWAL PARATRANSIT SERVICES:

APPLICATION FOR LICENSE RECEIVED

DATE: 3/4/26
INITIALS: [Signature]

APPLICATION DATE: 02/25/2026

SECTION I: GENERAL INFORMATION

- 1. NAME OF SERVICE: SHEKINAH ACCESS AMERICA TRANSPORTATION CARE LLC
- 2. BUSINESS ADDRESS (INCLUDE COUNTY): 805 SOUTH KIRKMAN RD SUITE 204
ORLANDO FL 32811
- 3. CONTACT INFORMATION: Name: YDOPCENE ESTERIL
Business Phone: 321-368-0216
Mobile Phone: 321-368-0216
Email: SHEKINAHATC@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 10/4/26 - 4/19/26 NO

SECTION II: VEHICLES AND STAFFING

- 1. NUMBER OF VEHICLES IN OPERATION: 4
- 2. EMPLOYEE ROSTER: YDOPCENE ESTERIL

<u>NAME</u>	PIERRENA ST SAUVEUR	<u>CURRENT CPR CARD (Y/N)</u>
Provided to EMS Office	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.

[Handwritten Signature]
SIGNATURE OF APPLICANT OR REPRESENTATIVE

3-3-26
DATE:

NOTARY SEAL *[Handwritten Signature]*
NOTARY SIGNATURE

