




**APPLICATION FOR A CERTIFICATE OF
PUBLIC CONVENIENCE AND NECESSITY FOR
AMBULANCE AND FIRE/RESCUE SERVICES**

RECEIVED

DATE: 3/17/2025
INITIALS: 

DATE: 03/11/2025

PROPOSED DATE OPERATIONS WILL BEGIN: 03/11/2025

SECTION I

1. **NAME OF SERVICE:** MedFleet, LLC. dba ATI Ambulance
2. **ADDRESS OF OWNER (INCLUDE COUNTY):** 12200 US Highway 19, Hudson, FL 34667, Pasco
3. **ADDRESS OF OPERATOR (IF DIFFERENT THAN ABOVE):** 3706 DMG Drive, Lakeland, FL 33811
4. **CONTACT INFORMATION:**

BUSINESS PHONE 863-698-9764

MOBILE PHONE 925-789-0401

EMAIL jtaylor@medfleet.com

5. OWNERSHIP TYPE:☒**PRIVATE CORPORATION**☐**GOVERNMENT AGENCY**☐**OTHER****6. LEVEL OF SERVICE REQUESTED (MAY REQUEST MULTIPLE):**☐**BLS NON-TRANSPORT**

BLS Non-Transport (level 2)- On-the-scene assistance to the patient requiring emergency medical care. Provider does not transport.

☐**BLS TRANSPORT**

BLS Transport (level 3) - Rendering BLS medical services and routine transport of patients. Rendering on scene assistance to patients prior to transport.

☐**ALS NON-TRANSPORT**

ALS Non-Transport (level 4) - Capability of rendering ALS services, but not routinely transporting patients.

☐**ALS TRANSPORT**

ALS Transport (level 5) - Rendering ALS medical services and routine transport of patients to a medical facility. Certified providers who respond to requests for transportation will respond with an ALS vehicle.

☒**INTERFACILITY TRANSPORT (ALS AND BLS)**

Interfacility Transport (ALS and BLS) (level 7)- Any publicly or privately-owned service which operates an ALS or BLS transport service to provide interfacility transport to and from health care facilities. These services must comply with F.S. ch. 401.

☐**PREHOSPITAL AIR AMBULANCE**

Prehospital Air Ambulance (level 6) - Any publicly or privately owned service which operates rotary-winged aircraft in conjunction with the county's emergency medical services system.

7. CORPORATE OFFICERS, CONTROLLING SHAREHOLDERS, AND DIRECTORS:

NAME	ADDRESS	POSITION
Herman Schwarz	100 Crescent Center Parkway, Tucker, GA 30084	Chief Executive Officer - PatientCare EMS
Michael Odreich	1 Pickwick Plaza, Suite 300, Greenwich, CT 06830	President A&M Capital
Rob Haisch	1 Pickwick Plaza, Suite 300, Greenwich, CT 06830	Vice President A&M Capital
Mike Dost	100 Crescent Center Parkway, Tucker, GA 30084	VP-CFO PatientCare EMS
Jeff Taylor	12200 US Highway 19, Hudson, FL 34667	Chief Operating Officer-MedFleet

8. DESCRIBE THE PROPOSED GEOGRAPHIC AREA OR AREAS TO BE COVERED BY YOUR SERVICE:☐**CHECK IF SUBMITTED AS AN ATTACHMENT**

MedFleet, LLC dba ATI Ambulance services all of Orange County from our Orlando Station at 6100 Lake Ellenor Drive, Orlando, FL 32809 with backup units from the main location at 3706 DMG Drive, Lakeland, FL 33811.

9. PROVIDE A STATEMENT DESCRIBING HOW THE PROPOSED SERVICE WILL BENEFIT THE POPULATION OF THE PROPOSED GEOGRAPHIC AREA TO BE SERVED:

☐ **CHECK IF SUPPLIED AS AN ATTACHMENT**

MedFleet, LLC dba ATI Ambulance has agreements in place from Affordable Transport, Inc that were assigned in the purchase. These agreements include facilities such as the Pediatric Pavilion Inc. a division of the Children'sFirst Health Care System. These transports are for long term, acutely ill patients needing transport to and from specialty appointments and therapy's.

Other current customers are Orlando Health, Alivi Health, ModivCare and MTM Health.

Having these added resources to the Orange County EMS System are designed to help provide additional resources for those in need of medical care and transport.

10. PROVIDE A STATEMENT SHOWING HOW THE APPLICANT PLANS TO STAFF THE PROPOSED SERVICE (NUMBER AND TYPES OF UNITS, STATION LOCATION, ETC.):

☐ **CHECK IF SUPPLIED AS AN ATTACHMENT**

As MedFleet, LLC dba ATI Ambulance continues to hire providers from Orange County, the plan is to have at least two (2) BLS ambulance and up to two (2) ALS or Critical Care Paramedic level ambulances in the County, 24-hours per day. The majority will be stationed at the Lake Ellenor Drive facility and others will come from Lakeland as needed.

11. ATTACH A VEHICLE ROSTER WITH THE NUMBER OF VEHICLES IN OPERATION, MAKE, MODEL, MILEAGE, VIN, PERMIT NUMBER, AND REGISTRATION NUMBER OF EACH VEHICLE.

12. PROVIDE YOUR PROPOSED RESPONSE TIMES (IN MIN) FOR URGENT AND NON-URGENT CALLS. DESCRIBE HOW THE INTERVAL WILL BE CALCULATED AND WHY THIS BENCHMARK WAS CHOSEN:

Priority "2-Urgent" responses will have a 45:59 response time.*

Priority "3-Immediate" responses will have a 60:59 response time.*

Priority "5-Unscheduled" responses will have a schedule pickup time and it will be considered late if the unit arrives >15:59 after that agreed upon time.

*-These fractile response times will be calculated from the "Time Call Received" in the Computer Aided Dispatch (CAD) system, until the correct level of care arrives on scene.

Priority "2-Urgent" responses will be for the following responses:ER-ER, Any Free-Standing ED Response, Code 2 response to a residence or SNF, Facility Evacuations, Imminent Hospice. These are time sensitive and while not emergent, MedFleet has placed these on a higher priority to ensure that we quickly get these patients transported to where they need to be.

Priority "3-Immediate" responses will be for the following responses:ER Discharge, 2nd Leg of Appointment (Return). This aides facilities in their throughput and we hope to positively impact the delays at Emergency Departments being backed up.

13. PROVIDE A DESCRIPTION OF YOUR COMPLAINT PROCESS FOR COMPLAINTS AND ACCIDENTS. INCLUDE A PROCESS FOR BOTH INTERNAL COMPLAINTS, FACILITIES, AND THE PUBLIC:

☒ CHECK IF SUPPLIED AS AN ATTACHMENT

14. PROVIDE A DESCRIPTION OF YOUR QUALITY ASSURANCE PLAN

☐ **CHECK IF SUPPLIED AS AN ATTACHMENT**

15. PLEASE SUPPLY A CURRENT FINANCIAL STATEMENT (Current letter from the bank verifying business account status and a balance sheet, Medicare audits, audited financial statements and verified lines of credit, etc.)

16. PROVIDE A STATEMENT SIGNED BY THE APPLICANT AND ITS MEDICAL DIRECTOR ATTESTING THAT ALL EMTs AND PARAMEDICS UTILIZED HAVE AND WILL MAINTAIN CURRENT STATE CERTIFICATION.

17. EMPLOYEE ROSTER (please attach extra sheets as needed):

NAME	CERTIFICATION LEVEL	CURRENT CPR CARD
See Attached.		

18. LIST THE ADDRESS AND DESCRIPTION OF EACH OF THE LOCATIONS YOU WILL OPERATE FROM. INCLUDE THE HOURS OF OPERATION AND STAFFING AT EACH PROPOSED LOCATION:

Main ATI station at 3706 DMG Drive, Lakeland, FL 33811 - 24-Hour Operations
6100 Lake Ellenor Drive, Orlando, FL 32809 - 24-Hour Operations

19. COMMUNICATIONS EQUIPMENT:

☒

TELEPHONE

☒

RADIO

☐

OTHER

NUMBER OF VEHICLES EQUIPPED WITH RADIOS:

21 Ambulances

FREQUENCY(S):

UHF Hospital Frequencies

NUMBER OF VEHICLES EQUIPPED WITH MOBILE PHONES:

21

20. APPROXIMATE DATE FCC LICENSE WILL BE EFFECTIVE (ATTACH IF CURRENT):

21. LIST ALL HOSPITALS, SUPERVISING PHYSICIANS, AND OTHER EMERGENCY AGENCIES (POLICE, FIRE, ETC.) THAT YOU WILL HAVE DIRECT RADIO CONTACT WITH:

Advent Health Apopka
Advent Health Celebration
Advent Health East Orlando
Advent Health Kissimmee
Advent Health Lake Placid
Advent Health Lake Wales
Advent Health Sebring
Advent Health Waterman
Advent Health Winter Park
Bartow Regional Hospital
BayCare Winter Haven
Dr. P. Phillips Hospital
HCA Florida Highlands
HCA Osceola
Lakeland Regional Medical Center
M-8 State Wide
Orange County Hospital
Orange County Medical Control
Orlando Health St. Cloud
Orlando Regional Medical Center
Orlando South Lake
Tampa General Hospital
UF Health Leesburg

22. PROVIDE EXECUTED COPIES OF ALL BUSINESS AGREEMENTS BETWEEN THE APPLICANT AND A HEALTH CARE FACILITY(S) OR GOVERNMENTAL ENTITY(S) LOCATED IN ORANGE COUNTY, FLORIDA FOR THE PROVISION OF BLS OR ALS SERVICES, WHICH MAY INCLUDE INTERFACILITY TRANSPORT.

23. IF THIS IS A MODIFICATION OF A CURRENT COPCN, EXPLAIN WHAT MODIFICATIONS ARE BEING REQUESTED.

MedFleet Purchased Affordable Transport, INC so this is a transfer of the COPCN from Affordable Transport, INC's COPCN.

24. PROVIDE CERTIFICATES OF INSURANCE IN ACCORDANCE WITH SECTION 20-96(e) OF THE ORANGE COUNTY CODE:

"PROOF OF INSURANCE, IN THE FOLLOWING AMOUNTS, MUST BE SUBMITTED TO THE COUNTY PRIOR TO ANY APPLICANT RECEIVING A CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY, IN ORDER TO PROTECT THE PUBLIC FROM ANY PERSONAL INJURY OR PROPERTY DAMAGE ARISING OUT OF THE APPLICANT'S OPERATIONS:

COMMERCIAL LIABILITY WITH A LIMIT OF NOT LESS THAN ONE MILLION DOLLARS (\$1,000,000) PER OCCURRENCE. ORANGE COUNTY TO BE NAMED AS AN ADDITIONAL INSURED.

COMMERCIAL AUTOMOBILE LIABILITY WITH A LIMIT OF NOT LESS THAN ONE MILLION DOLLARS (\$1,000,000) PER OCCURRENCE OR COMBINED SINGLE LIMIT. PROFESSIONAL LIABILITY WITH A LIMIT OF NOT LESS THAN ONE MILLION DOLLARS (\$1,000,000) PER INCIDENT.

NON-GOVERNMENTAL PROVIDERS MUST NAME ORANGE COUNTY AS AN ADDITIONAL INSURED. NOTWITHSTANDING THE INSURANCE REQUIREMENTS CONTAINED IN THIS SECTION, GOVERNMENTAL ENTITIES SHALL PROVIDE A CERTIFICATE OF INSURANCE EVIDENCING ITS INSURANCE OR SELF-INSURANCE WITHIN THE LIMITS OF LIABILITY SET FORTH IN F.S. 768.28."

SECTION II**a. PROVIDE CURRENT STATE OF FLORIDA LICENSED AMBULANCE SERVICE****NUMBER:** **b. PROVIDE THE FOLLOWING INFORMATION FOR YOUR MEDICAL DIRECTOR.
ADDITIONALLY, ATTACH PROOF OF EMPLOYMENT WITH YOUR AGENCY OR A
CONTRACT FOR SERVICE.****NAME:** **ADDRESS:** **PHONE NUMBER:** **FLORIDA MEDICAL LICENSE NUMBER:** **c. DESCRIBE THE STAFFING PATTERNS FOR EMTs, DRIVERS, AND PARAMEDICS:**☐ **CHECK IF SUPPLIED AS AN ATTACHMENT**

The Emergency Medical Responders, Emergency Medical Technicians, and Paramedics will be working on an "A" and "B" rotating schedule. Their core hours will be 12-hour shifts with additional units placed into service as needed on 8-hour shifts. This will provide 24/7 coverage for our customers. Scheduling levels may change with increased demand so we continue to meet the needs of our customers as their volume increases.

**d. PROVIDE A STATEMENT SIGNED BY THE AGENCY AND THE MEDICAL DIRECTOR
ATTESTING THAT ALL UTILIZED PARAMEDICS ARE CERTIFIED AND AUTHORIZED
BY THE MEDICAL DIRECTOR TO PERFORM ADVANCED LIFE SUPPORT IN THE
STATE OF FLORIDA**

- e. **PROVIDE A LIST OF ALL EQUIPMENT AND MEDICATIONS CARRIED IN ADDITION TO THE MINIMUM EQUIPMENT SPECIFIED IN FLORIDA ADMINISTRATIVE CODE 64J-1.002-.003.**

☒ **CHECK IF SUPPLIED AS AN ATTACHMENT**

- f. **PROVIDE A PROPOSED SCHEDULE OF RATES, FARES, AND CHARGES**

☒ **CHECK IF SUPPLIED AS AN ATTACHMENT**

- g. **PROVIDE INFORMATION ON YOUR MANAGEMENT AND MAINTENANCE PLAN**

☐ **CHECK IF SUPPLIED AS AN ATTACHMENT**

There are six (6) different Preventative Maintenance (PM) schedules that all vehicles are managed by.
PM-A is a 4,000 mile PM that includes tire rotation and a PM inspection.
PM-D is a 50,000 mile PM that includes a differential service.
PM-E is a 50,000 mile PM that includes belt, pulley , and tensioner service.
PM-H is a 50,000 mile PM that includes transmission service.
PM-G is a 60,000 mile PM that includes coolant service.
PM-H is a 60,000 mile PM that includes spark plug service.

See a detailed description of each level in the attachments.

REQUIRED SUPPLEMENTARY DOCUMENTATION:

- 1. LIST PREVIOUS BUSINESS EXPERIENCES OR WORK REFERENCES FOR THE LAST 5 YEARS. SUBMISSION OF AT LEAST ONE LETTER OF SUPPORT FROM THE LIST PROVIDED IS REQUIRED.**

NAME	ADDRESS	PHONE NUMBER	EMAIL
Maurice's Auto Repair	3025 Drane Field Rd, Lakeland, FL 33811	863 646-4479	info@mauricesauto.com
Sam's Auto Repair	8021 Massachusetts Ave, New Port Richey, FL 34653	727 841-7979	blazinbig@gmail.com
Tire Depot	13031 Spring Hill Dr, Spring Hill, FL 34609	352 515-6963	tiredepotplus@gmail.com
Professional Medical Educators	300 S. Dixie Highway, Suite B, Lantana, FL 33467	561-941-4141	tedyoung@promeded.net
Sunrise Consulting Group	5957 Riviera Ln New Port Richey, FL	727 808-7587	Teresa@scgroup.us

- 2. LIST FIVE CREDIT REFERENCES, SUBMISSION OF A LETTER OF SUPPORT FROM ONE CREDIT REFERENCE LISTED BELOW IS REQUIRED.**

NAME	ADDRESS	PHONE NUMBER	EMAIL
BoundTree	Florida Region	614.932.2098	Rick.Braun@BoundTree.com
Stryker	Sunshine Region	813-205-5497	meredith.roberts@stryker.com
Cot Medik	360-12 Knickerbocker Ave, Bohemia, NY 11716	631 256-6777	marcelo@cotmedik.com
ZOLL Data	Account Management	303 867-8590	rskole@zoll.com
TraumaSoft	1111 West Centre Ave Portage, MI 49024	269-366-3060 x2692	Shawn@traumasoft.com

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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 the requirements for the operation of ambulance or fire/rescue service in Orange County and the State of Florida. I acknowledge that as provided in Orange County Code of Ordinances Chapter 20, Division 2, Section 20-101, certificates obtained by an application in which any material fact was intentionally omitted or falsely states are subject to suspension or revocation.

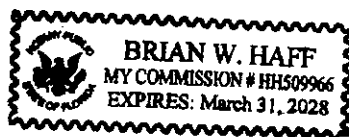
SIGNATURE OF APPLICANT OR REPRESENTATIVE



DATE



NOTARY SEAL

 3/12/25