RECEIVED
DATE: 4/1/25
INITIALS:

PARATRANSIT SERVICES:

APPLICATION FOR LICENSE

APPLICATION DATE: 03/25/2025

PROPOSED DATE OPERATIONS WILL BEGIN: 04/01/2025

SECTION I: GENERAL INFORMATION

1. **NAME OF SERVICE:** Professional Registered Services, LLC
2. **BUSINESS ADDRESS (INCLUDE COUNTY):**

   3207 Tradewinds Trl Orlando Florida 32805-5851

   Orange county
3. **CONTACT INFORMATION:** **Business Phone** 407. 219. 4352

   Mobile Phone (321) 239-7606

   Email dominique@proregsvs.com
4. **OWNERSHIP TYPE:** ☑PRIVATE CORPORATION ☐GOVERNMENT AGENCY ☐OTHER

   a. **If other, please describe:** _____
5. **CORPORATE OFFICERS AND DIRECTORS:**

NAME	ADDRESS	POSITION
Dominique Register	445 Mayfair Circle Orlando Fl 3280	President
Eylonda Parrish	445 Mayfair Circle Orlando FL 328(	Vice President

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:** _____ ☐ **NO**

2. **VEHICLE INSPECTION COMPLETED BY EMS OFFICE:**

   ☑ **YES, DATE:** _____ ☐ **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:** _____ ☐**NO**

SECTION III: VEHICLES AND STAFFING

1. **NUMBER OF VEHICLES IN OPERATION:** 1

2. **EMPLOYEE ROSTER:**

NAME	CURRENT CPR CARD (Y/N)
Dominique Register	Yes
Eiyonda Parrish	Yes

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.**

Professional Registered Services, LLC
Infinite Minds PPEC LLC

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

NAME	ADDRESS	PHONE
Cassandra Simpson	210 S. Parson Ave Brandon Florida	(813) 431-4861
Fillicia Johnson	456 Canby Circle Ocoee Fl 34761	(321) 278-5824
EPIC ICONIC	499 N State Rd Altamonte Springs, Fl 32724	(407) 723-9658
Friss Spease	6853 Waterville Ln Apt 17202 Orlando Fl 32822	(336) 493-0693
Simone Lowman	7050 Holly St. Mt. Dora Florida	(407) 937-9308

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

NAME	ADDRESS	PHONE
American Express	200 Vesay Street Lower Manhattan New York NY 1028	(800) 528-4800
Ms. Frankies Inc.	3207 Tradewinds Trl Orlando Fl 32805	(407) 558-1527
Wongs Place Inc	3510 W. Jefferson Street Orlando Fl 32805	(407) 765-5589
Sharps Billing Services	907 SW 140th Ave Miami Fl 33184	(305) 753-4439
Wells Fargo		

ORANGE COUNTY GOVERNMENT
FLORIDA

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.

SIGNATURE OF APPLICANT OR REPRESENTATIVE

03/04/2025

DATE

NOTARY SEAL

CASSANDRA VIRGINIA SIMPSON
Notary Public - State of Florida
Commission # HH 277962
My Comm. Expires Jun 19, 2026
Bonded through National Notary Assn.

NOTARY SIGNATURE

Revision Date: 07/25/2017