



Interoffice Memorandum

AGENDA ITEM

August 25, 2023

TO: Mayor Jerry L. Demings
-AND-
County Commissioners

THRU: Raul Pino, MD, MPH, Director
Health Services Department

 MD. MPH.

FROM: Christian C. Zuver, M.D., Medical Director
EMS Office of the Medical Director
Contact: (407) 836-7611



SUBJECT: Paratransit Services License
Care Mobility Services, LLC
Consent Agenda – September 12, 2023

The EMS Office of the Medical Director requests approval and execution of the Paratransit Services License for Care Mobility Services, LLC. Care Mobility Services, LLC 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 Care Mobility Services, LLC 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 Care Mobility Services, LLC to provide wheelchair/stretchers service. The term of this license shall be from September 12, 2023 and terminate on September 11, 2025. There is no cost to the County.
(EMS Office of the Medical Director)

CCZ/jj

Attachments



PARATRANSIT SERVICES:
APPLICATION FOR LICENSE

Rec'd
12/27/2022
Incomplete
of provided
to
applicant
Rec'd
again
4/2023
[Signature]

APPLICATION DATE: Dec 27, 2022

PROPOSED DATE OPERATIONS WILL BEGIN: Dec 27, 2022

SECTION I: GENERAL INFORMATION

1. NAME OF SERVICE: Care Mobility Services LLC

2. BUSINESS ADDRESS (INCLUDE COUNTY):

368 N Shadowbay Blvd, Longwood FL 32779 (Seminole County)

3. CONTACT INFORMATION: Business Phone 3058159489

Mobile Phone 4077664369

Email caremobilityservicesllc@gmail.com

4. OWNERSHIP TYPE: PRIVATE CORPORATION GOVERNMENT AGENCY OTHER

a. If other, please describe: _____

5. CORPORATE OFFICERS AND DIRECTORS:

<u>NAME</u>	<u>ADDRESS</u>	<u>POSITION</u>
Balbino Perez	368 N Shadowbay Blvd, Longwood FL 32779	General Manager / Owner

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:

<u>NAME</u>	<u>CURRENT CPR CARD (Y/N)</u>
LEXY TURINO (possibly future)	Y
Elaine Cespedes Sardinias	-Current driver Y

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.**

My name is Balbino Perez and I have had managerial responsibilities for BIB Medical Transportation LLC
since its inception in 2019. I also helped create EASY Transportation LLC. Both companies have been
successful in the area of Non-Emergency Medical Transportation.

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

NAME	ADDRESS	PHONE
Winston Calvo	5875 NW 163rd Street, Suite 203, Miami, FL 33014	(786) 479-5824
BIB Medical Transportation	326 Adrienne Dr, Apopka, FL 32703	(407) 717-3676
EASY Transportation LLC	31 Eton Ln, Palm Coast, FL 32164	(407) 963-9735
Ranledis Perez (Pastor)	7454 Sigma Ct., Orlando, FL 32810	(321) 374-1414
Lexy Turino	326 Adrienne Dr, Apopka, FL 32703	(407) 483-2647


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

NAME	ADDRESS	PHONE
WELLS FARGO BANK	1030 Montgomery Rd, Altamonte Springs, FL 32714	(407) 657-3114
BANK OF AMERICA	2601 FL-434 W, Longwood, FL 32779	(844) 401-8500
<i>New business</i>		

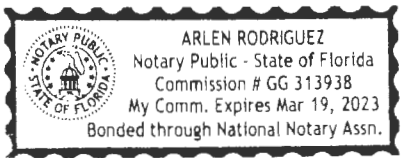


PARATRANSIT SERVICES:
APPLICATION FOR LICENSE

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.


Balbino Pérez 02/19/2023
SIGNATURE OF APPLICANT OR REPRESENTATIVE

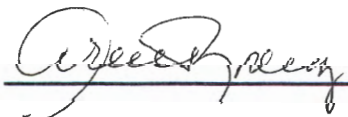
27/12/2022
DATE



NOTARY SEAL

State of Florida
County of Seminole

Sworn to (or affirmed) and subscribed before me
this 19 day of February, 2023
(Date) (Month) (Year)
by Balbino Pérez
(Name of Affiant)


NOTARY SIGNATURE

Arlen Rodriguez (Seal)
(Signature of Notary Public - State of Florida)
Arlen Rodriguez
(Name of Notary Public)

Personally Known _____ OR Produced Identification X
Type of Identification Produced FL Driver Lic

License

Paratransit Services

Orange County
Board of County Commissioners
Emergency Medical Services

This is to certify that Care Mobility Services, 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: September 12, 2023

Date of Expiration: September 11, 2025

Bryan W. Brooks
Mayor, Board of County Commissioners

