



Legislation Text

---

**File #:** 25-951, **Version:** 1

---

**Interoffice Memorandum**

**DATE:** June 19, 2025

**TO:** Mayor Jerry L. Demings and County Commissioners

**THROUGH:** Raul Pino, Director, MD, MPH, Department 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 Avesta Healthcare, LLC d/b/a Florida Medical Transport to provide wheelchair/stretchers service. The term of this license shall be from August 1, 2025 and will terminate on July 31, 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 Avesta Healthcare, LLC d/b/a Florida Medical Transport. Avesta Healthcare, LLC d/b/a Florida Medical Transport 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 Avesta Healthcare, LLC d/b/a Florida Medical Transport 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 Avesta Healthcare, LLC d/b/a Florida Medical Transport  
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: August 1, 2025 Date of Expiration: July 31, 2027

*Byronna Brooks*  
\_\_\_\_\_  
Mayor, Board of County Commissioners





**RECEIVED**  
**RENEWAL PARATRANSIT SERVICES:**  
**APPLICATION FOR LICENSE** DATE: 4/25/25  
INITIALS: [Signature]

APPLICATION DATE:

**SECTION I: GENERAL INFORMATION**

- 1. NAME OF SERVICE: Florida Medical Transport
- 2. BUSINESS ADDRESS (INCLUDE COUNTY): 3501 Quadrangle Blvd. Orange County, Orlando Fl. 32817
- 3. CONTACT INFORMATION: Name: Ray Ekbatani  
Business Phone: 855-535-7433  
Mobile Phone: 407-620-7232  
Email: ray@flmedtransport.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 04/25/2026  NO

**SECTION II: VEHICLES AND STAFFING**

- 1. NUMBER OF VEHICLES IN OPERATION: 10
- 2. EMPLOYEE ROSTER:

<u>NAME</u> Please see Below	<u>CURRENT CPR CARD (Y/N)</u>
Provided to EMS Office	Please see Below

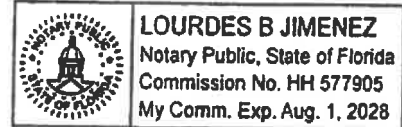
I, the undersigned representative of the service named in this application, do hereby attest the information provided in this application is truthful and honest to the best of my knowledge, and that my service meets all of the requirements for

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

4/24/25  
DATE:

NOTARY SEAL   
NOTARY SIGNATURE



Employee Roster :      Current CPR Card:

Michael Allen	No
Juan Araujo	No
John Hill	No
Lisa Ivesaj	Yes
Clarel Jourdan	No
Keith Lovett	No
Michael Myers	No
Miguel Rivera	No
Johan Suarez	No
Jesse Wilkins	Yes
Claribel Fortuno	Yes
James Lebron	Yes
Lucy Martinez	Yes
Clayton Green	No
Diego Jimenez	Yes
Clarence Witter Jr.	No
Toni Brown	Yes
Jose Martinez	No
Loran Wilson	No
John Zimmer	No
Major King	Yes
Leslie Torres	No