



Legislation Text

File #: 26-0263, **Version:** 1

Interoffice Memorandum

DATE: February 12, 2026

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 Unicare Transport Service to provide wheelchair/stretchers service. The term of this license shall be from April 1, 2026 and will terminate on March 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 Unicare Transport Service. Unicare Transport Service 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 Unicare Transport Service 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

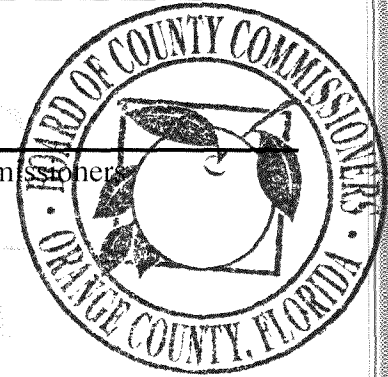
Orange County
Board of County Commissioners
Emergency Medical Services

This is to certify that Unicare Transport Service
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: April 1, 2026

Date of Expiration: March 31, 2028

Bryan W. Brooks
Mayor, Board of County Commissioners





RENEWAL PARATRANSIT SERVICES:

APPLICATION FOR LICENSE RECEIVED

DATE: 1/7/20
INITIALS: [Signature]

APPLICATION DATE:

SECTION I: GENERAL INFORMATION

- 1. NAME OF SERVICE: UNICARE TRANSPORT SRV
- 2. BUSINESS ADDRESS (INCLUDE COUNTY): PO BOX 677802
ORL FL 32867
- 3. CONTACT INFORMATION: Name: _____
Business Phone: 407 977 2273
Mobile Phone: 407 417 5078
Email: unicare95@aol.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 _____ NO

SECTION II: VEHICLES AND STAFFING

1. NUMBER OF VEHICLES IN OPERATION: 3

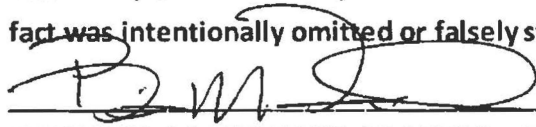
2. EMPLOYEE ROSTER: SEAT

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

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

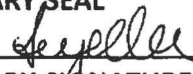
operation of a paratransit services in Orange County and the State of Florida. I acknowledge that as provided in Orange County Code of Ordinances Chapter 20, Division 3, Section 20-137, licenses obtained by an application in which any material fact was intentionally omitted or falsely stated are subject to revocation.



SIGNATURE OF APPLICANT OR REPRESENTATIVE

1/7/26

DATE:

NOTARY SEAL


NOTARY SIGNATURE

