File #: 26-0681, **Version:** 1

Interoffice Memorandum

DATE: May 22, 2026

TO: Mayor Jerry L. Demings and County Commissioners

THROUGH: Raul Pino, M.D., M.P.H, Director of Health Services

FROM: Christian Zuver, M.D., Medical Director

CONTACT: Sandra Roe

PHONE: 407-836-7611

DIVISION: EMS, Office of the Medical Director

ACTION REQUESTED:
Approval and execution of the Paratransit Services License for Florida Cares Transport, LLC to provide wheelchair/stretcher service. The term of this license shall be from June 16, 2026 and terminate on June 15, 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 Florida Cares Transport, LLC. Florida Cares Transport, LLC has submitted an application for an Alternative Transportation Service/Paratransit license to provide wheelchair/stretcher service within Orange County. The EMS Office of the Medical Director has determined that Florida Cares Transport, LLC has met the prerequisites for licensure as an alternative transportation service in accordance with Section 20-132 of the Orange County Code. Public notice of this application has been posted and EMS has not received any objections.

BUDGET: N/A

License

Paratransit Services

Orange County
Board of County Commissioners
Emergency Medical Services

This is to certify that **Florida Cares Transport, 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: **June 16, 2026** Date of Expiration: **June 15, 2028**

Byron W. Brooks
For Mayor, Board of County Commissioners

BOARD OF COUNTY COMMISSIONERS • ORANGE COUNTY FLORIDA

ORANGE COUNTY FLORIDA

PARATRANSIT SERVICES:

APPLICATION FOR LICENSE

RECEIVED
DATE: 4/29/26

APPLICATION DATE: 04/07/2026

PROPOSED DATE OPERATIONS WILL BEGIN: 04/15/2026

SECTION I: GENERAL INFORMATION

1. **NAME OF SERVICE:** FLORIDA CARES TRANSPORT LLC
2. **BUSINESS ADDRESS (INCLUDE COUNTY):**
   11906 AUTUMN FERN LANE, ORLANDO, FL 32827 ORANGE COUNTY
3. **CONTACT INFORMATION:** **Business Phone** (407) ~~[illegible]~~ 550-8747
   Mobile Phone (254) 913-1631
   Email KWICKSTOPTX@YAHOO.COM
4. **OWNERSHIP TYPE:** ☑PRIVATE CORPORATION ☐GOVERNMENT AGENCY ☐OTHER
   a. **If other, please describe:** _____
5. **CORPORATE OFFICERS AND DIRECTORS:**

NAME	ADDRESS	POSITION
WAJIHA NAUREEN KH	11906 AUTUMN FERN LANE	MEMBER
SHEHZAD KHAN	ORLANDO, FL 32827	MEMBER

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)
SHEHZAD KHAN	YES
IRFAN KHAN	YES
WAJIHA KHAN	YES
MOHAMMAD KHAN	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.**

5 STAR VIERA INC, dba VIERA CHILDREN'S ACADEMY
3395 VIERA BLVD, VIERA, FL 32940
TEL: 321-433-2330 EMAIL : VCAKIDS@GMAIL.COM
MARCH 27TH 2019 TO FEBRUARY 10TH 2026
NOTARIZED LETTER FROM MS WHITNEY WISEMAN, DIRECTOR

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

NAME	ADDRESS	PHONE
DR. MUHAMMAD KHAN	1515 HARWOOD LANE, ORLANDO, FL 32803	(801) 821-6945
BRITINI BLANKENSHIP	5330S. JOHN YOUNG PKWY, ORLANDO, FL 32839	(352) 573-9154
BONITA PAYTON	3395 VIERA BLVD, VIERA, FL 32940	(321) 877-8819
JULIE SCHUMACHER	3395 VIERA BLVD, VIERA FL, 32940	(301) 999-2017
AHMED FELO	9834 E. COLONIAL DR, ORLANDO, FL 32817	(360) 627-0411

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

NAME	ADDRESS	PHONE
KRAIG RAINES	3009 ALVERA DRIVE, SALT LAKE CITY, UT 84117	(801) 971-3344
REZA GHAZVINI	9137 MONRE PLAZA WAY, SANDY, UT 84070	(801) 569-2200
SANAD MAKHZOUM	853 EAST 4680 SOUTH, A-329, MURRAY, UT 84117	(949) 742-4850
EDWARD J. DELL'OLIO	5390 STADIUM PKWY, VIERA, FL 32940	(321) 246-1628
CHARIDI BEYER	46 WEST 200 SOUTH, BOUNTIFUL, UT 84010	(801) 335-0031

ORANGE COUNTY 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

04-29-2026

DATE

NOTARY SEAL

Notary Public State of Florida
Jennifer Jensen
My Commission HH 359279
Expires 7/1/2027

Driver's License

NOTARY SIGNATURE