



Legislation Text

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**File #:** 26-0436, **Version:** 1

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**Interoffice Memorandum**

**DATE:** March 27, 2026

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

**THROUGH:** Raul Pino, MD, MPH, 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 Paratransit Services License for My Angels J&J PPEC LLC to provide wheelchair/stretchers service. The term of this license shall be from April 21, 2026 and terminate on April 20, 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 My Angels J&J PPEC LLC. My Angels J&J PPEC LLC has submitted an application for an Alternative Transportation Service/Paratransit license to provide wheelchair/stretchers service within Orange County. The EMS Office of the Medical Director has determined that My Angels J&J PPEC 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 My Angels J&J PPEC 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: April 21, 2026

Date of Expiration: April 20, 2028

Bryan W. Brooks  
for Mayor, Board of County Commissioners





PARATRANSIT SERVICES:

APPLICATION FOR LICENSE

RECEIVED

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

APPLICATION DATE: 01/06/2026

PROPOSED DATE OPERATIONS WILL BEGIN: 01/15/2026

**SECTION I: GENERAL INFORMATION**

1. NAME OF SERVICE: MY ANGELS J&JPPEC

2. BUSINESS ADDRESS (INCLUDE COUNTY):  
5449 S. SEMORAN BLVD #12B ORLANDO FL 32822

3. CONTACT INFORMATION: Business Phone (321) 946-6479  
Mobile Phone (786) 567-0077  
Email JJPPECTRANSPORT2020@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>
<u>JULIA QUINTERO</u>	<u>2896 LINGO LANE ORLANDO FL</u>	<u>OWNER</u>

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: 01/06/2026  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: 01/06/2026  NO

*Example: Current letter from bank verifying business account status (no account numbers please).*

5. PROOF OF INSURANCE SUBMITTED TO EMS OFFICE:

YES, DATE: 01/06/2026  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>
LAY CARDENAS	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.

✓ Global Care Transportation Services LLC (owner)

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

NAME	ADDRESS	PHONE
MARANGELI RUIZ	2201 CYPRESS KNEE LOOP KISIMMEE FL 34743	(440) 841-3997
SUHAYL TORRES	5298 COMMANDER DR APT 101 ORLANDO FL 32822	(321) 387-1164
KENISHA MARQUEZ	327 PARKTREE TERR APT 1712 ORLANDO FL 32825	(321) 304-1658
LAY CARDENAS	2896 LINGO LN ORLANDO FL 32822	(321) 424-1824
ANHONY TORRES	5405 SERENE LN ORLANDO FL 32822	(407) 334-6470

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

NAME	ADDRESS	PHONE
Iris Suarez	3830 S. Goldenrod Rd Orlando FL	352-530-0721
Yhon Marquez	5304 Jubiloso Dr. St. Cloud	786-070-0647
Tennifer Ramirez	1055 E. Highway 50 St 303 Clewiston	407-209-9101
Maria Garcia	4045 C 13 <sup>th</sup> St St. Cloud	407-593-2177
Gina Lopez	5575 S. Semoran Blvd #07	321-443-0281



**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.

Julia V. Quintero Ch

SIGNATURE OF APPLICANT OR REPRESENTATIVE

01/06/2026

DATE

NOTARY SEAL



**DEWAYNE BARNEE**  
Notary Public  
State of Florida  
Comm# HH587036  
Expires 8/26/2028

Dewayne Barnee

NOTARY SIGNATURE