



Interoffice Memorandum

AGENDA ITEM

October 5, 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
DDD Enterprises Corporation d/b/a Care Medical Transportation
Consent Agenda – October 24, 2023

The EMS Office of the Medical Director requests approval and execution of the Paratransit Services License for DDD Enterprises Corporation d/b/a Care Medical Transportation. DDD Enterprises Corporation d/b/a Care Medical Transportation 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 DDD Enterprises Corporation d/b/a Care Medical Transportation 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.

ACTION REQUESTED: Approval and execution of the Paratransit Services License for DDD Enterprises Corporation d/b/a Care Medical Transportation to provide wheelchair/stretchers service. The term of this license shall be from October 24, 2023, and terminate on October 23, 2025. There is no cost to the County. **(EMS Office of the Medical Director)**

CCZ/jj

Attachments

License

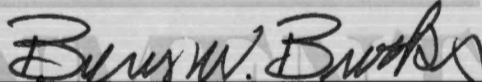
Paratransit Services

Orange County
Board of County Commissioners
Emergency Medical Services

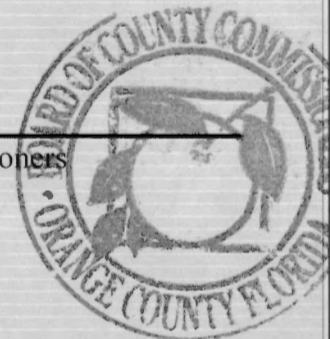
This is to certify that DDD ENTERPRISES CORPORTATION D/B/A CARE MEDICAL TRANSPORTATION
has complied with the Orange County Code 2001-09 and Rules and Regulations
established by the Board of County Commissioners and is authorized to operate a Paratransit Service in
Orange County.

Date of Issue: October 24, 2023

Date of Expiration: October 23, 2025



Mayor, Board of County Commissioners





PARATRANSIT SERVICES:

APPLICATION FOR LICENSE

RECEIVED

DATE: 7/25/23
INITIALS: [Signature]

APPLICATION DATE: 06/05/2023

PROPOSED DATE OPERATIONS WILL BEGIN: 08/07/2023

SECTION I: GENERAL INFORMATION

1. NAME OF SERVICE: DDD Enterprises Corp
DBA Care Medical Transportation

2. BUSINESS ADDRESS (INCLUDE COUNTY):
6220 S Orange Blossom Trl, Suite 601
Orlando, FL 32809

3. CONTACT INFORMATION: Business Phone 561-871-4791

Mobile Phone 361-871-4791

Email Care.medicaltransit@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>Dory Dessam</u>	<u>725 Grand St, Orlando, FL 32805</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: 06/05/2023 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: 06/05/23 NO

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

5. PROOF OF INSURANCE SUBMITTED TO EMS OFFICE:

YES, DATE: 06/05/2023 NO

***SECTION III: VEHICLES AND STAFFING**

1. NUMBER OF VEHICLES IN OPERATION: 2

2. EMPLOYEE ROSTER:

<u>NAME</u>	<u>CURRENT CPR CARD (Y/N)</u>
<u>Dony Dessam</u>	<u>Y</u>
<u>Scherrell Byron-Augustin</u>	<u>Y</u>
<u>Jennie Frederic</u>	<u>Y (A nurse)</u>

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.

Hutchinson Law Group - legal assistant (-2014 - 2017)	954-614-8612
Realty Hub - Real Estate Agent (2017 - Current)	407-900-1001
Helping Hands for Haiti, Inc - President - (2017 - Current)	754-422-0882
A Pinch of Love LLC - Consultant (2020 - Current)	407-538-4034

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

NAME	ADDRESS	PHONE
Robert Morestin	1780 NW 27th way, Coral Springs, FL	954-709-4659
Robins Breason	8121 Southgate Blvd, No. Lauderdale, FL	813-900-6844
Dr. Wally Charles	1042 Ingrassina Ave, PSL, FL	407-709-3016
Emmanuel Cherry	2910 SW 53rd Terrace, Coral Gables, FL	239 601 5650
Nathalie Hutchings	500 S Australian Ave, WPB, FL 33401	954-614-8612

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

NAME	ADDRESS	PHONE
Budget Handicap Vans LLC/Alexander	7605 Coral Dr, West Melbourne FL, 32904	651-674-3404
American Accord Insurance	12975 Collier Blvd Suite 109 Naples, FL 34116	239-430-3500
Verizon	4782 Millenia Plaza way, Orlando, FL 32839	800-888-1077
Intuit Quickbooks	2800 E Commerce Center Place, Tucson, AZ 85706	1-833-913-2189
Nextiva	9451 E Via de Ventura, Scottsdale, AZ 85256	800-285-7995



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.

Domy Dessam
SIGNATURE OF APPLICANT OR REPRESENTATIVE

06/05/23
DATE

NOTARY SEAL

[Handwritten Signature]
NOTARY SIGNATURE

