



Interoffice Memorandum

AGENDA ITEM

August 25, 2023

TO: Mayor Jerry L. Demings  
-AND-  
County Commissioners

THRU: Raul Pino, MD, MPH, Director  
Health Services Department

 Raul Pino MD. MPH.

FROM: Christian C. Zuver, M.D., Medical Director  
EMS Office of the Medical Director  
**Contact: (407) 836-7611**



SUBJECT: Paratransit Services License  
Movcare Transportation, LLC  
**Consent Agenda – September 12, 2023**

The EMS Office of the Medical Director requests approval and execution of the Paratransit Services License for Movcare Transportation, LLC. Movcare Transportation, LLC has submitted the attached 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 Movcare Transportation, LLC as contained in Orange County Ordinance 2001-09. The public notice has been posted for this request and no objection has been received.

**ACTION REQUESTED:** Approval and execution of the Paratransit Services License for Movcare Transportation, LLC to provide wheelchair/stretchers service. The term of this license shall be from September 12, 2023 and terminate on September 11, 2025. There is no cost to the County.  
**(EMS Office of the Medical Director)**

CCZ/jj

Attachments



**PARATRANSIT SERVICES:**  
**APPLICATION FOR LICENSE**

Rec'd  
1/26/2023  
*[Signature]*

APPLICATION DATE: 1/26/23

PROPOSED DATE OPERATIONS WILL BEGIN: \_\_\_\_\_

**SECTION I: GENERAL INFORMATION** (MOV CARE Transportation LLC)

1. NAME OF SERVICE: NONEMERGENCY MEDICAL TRANSPORTATION

2. BUSINESS ADDRESS (INCLUDE COUNTY):

8607 4<sup>th</sup> Street  
Orlando Florida 32836

3. CONTACT INFORMATION: Business Phone (407) 242-2259

Mobile Phone (407) 242-2259

Email Benaffan@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>MEHDI BENAFFANE</u>	<u>8607 4<sup>th</sup> Street Orlando</u>	<u>President</u>
<u>CHARAF BENAFFANE</u>	<u>8607 4<sup>th</sup> Street</u>	<u>Manager.</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: \_\_\_\_\_  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:

<u>NAME</u>	<u>CURRENT CPR CARD (Y/N)</u>
CHARAF BENAFFANE	



## 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.

LUGGAGE Kit - manager/supervisor
Vista - Senior (Staff) SAP Consultant
GATRA - Supervisor/Driver

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

NAME	ADDRESS	PHONE
RACHEL KREWSON	3000 N. Atlantic Avenue Cocoa Beach	321-591-1651
Zakaria Zine El Abidine	9427 Peckin Cypress way, Orlando 32836	(407) 334-4754
93/90 Cynthia Siecalt	9319 Daney Street, Gotha Florida 34734	(407) 853-1942
ADIL BERRADI	6178 Livingston Avenue, St Petersburg	(813) 485-0226
Asma Penazer Gvi	9043 E Penshire Circle, Orlando 32836	(407) 371-7685
Moulay Youssef Chiki	13037 Mulberry Park Dr Unit 524 Orlando	(407) 552-1914

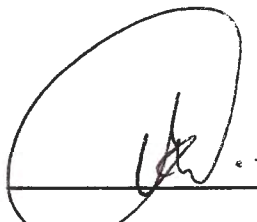
3. List five credit references. Submission of two notarized letters of reference from list below is required.

NAME	ADDRESS	PHONE
✓ LUGGAGE Corner	8200 vieland ave Orlando Florida	(407) 493-8899
✓ Amin Consulting	7232 W. Sandlake rd Orlando Suite 101	(407) 352-8858
O.V. C	100 West Anderson St Orlando	(407) 423-9018
TD Auto Finance	200 S 108 <sup>th</sup> Ave Omaha, Nebraska	(800) 556-8172
Spectrum	680 Centerview Blvd Kissimmee	1866234 8826



**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.

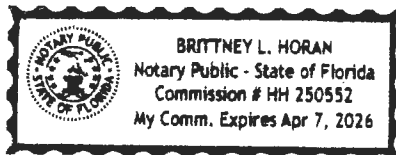
  
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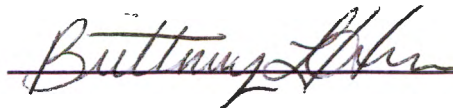
SIGNATURE OF APPLICANT OR REPRESENTATIVE

01-26-2023  
\_\_\_\_\_

DATE

NOTARY SEAL



  
\_\_\_\_\_

NOTARY SIGNATURE

# License

## Paratransit Services

Orange County  
Board of County Commissioners  
Emergency Medical Services

This is to certify that Movcare Transportation, 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: September 12, 2023

Date of Expiration: September 11, 2025

By *Bryan W. Brooks*  
Mayor, Board of County Commissioners

