



**APPLICATION FOR A CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR AMBULANCE AND FIRE/RESCUE SERVICES**

**RECEIVED**

DATE:

DATE: 2/15/2024  
INITIALS: [Signature] 11:45 am

PROPOSED DATE OPERATIONS WILL BEGIN:

**SECTION I**

1. NAME OF SERVICE:

2. ADDRESS OF OWNER (INCLUDE COUNTY):   
Orange County

3. ADDRESS OF OPERATOR (IF DIFFERENT THAN ABOVE):

4. CONTACT INFORMATION:

BUSINESS PHONE

MOBILE PHONE

EMAIL

**5. OWNERSHIP TYPE:**

- PRIVATE CORPORATION
  GOVERNMENT AGENCY
  OTHER

**6. LEVEL OF SERVICE REQUESTED (MAY REQUEST MULTIPLE):**

- BLS NON-TRANSPORT
  BLS TRANSPORT

- ALS NON-TRANSPORT
  ALS TRANSPORT

- INTERFACILITY TRANSPORT (ALS AND **BLS**)

- PREHOSPITAL AIR AMBULANCE

**7. CORPORATE OFFICERS, CONTROLLING SHAREHOLDERS, AND DIRECTORS:**

NAME	ADDRESS	POSITION
Abdul Sherazee	1800 Pembroke Dr. Ste 300 Orlando FL 32810	President
Mohammed Sherazee	1800 Pembroke Dr. Ste 300 Orlando FL 32810	Director
Minaz Manekia	1800 Pembroke Dr. Ste 300 Orlando FL 32810	Director

**8. DESCRIBE THE PROPOSED GEOGRAPHIC AREA OR AREAS TO BE COVERED BY YOUR SERVICE:**

- CHECK IF SUBMITTED AS AN ATTACHMENT

Orange County  
Seminole County  
Osceola County

**9. PROVIDE A STATEMENT DESCRIBING HOW THE PROPOSED SERVICE WILL BENEFIT THE POPULATION OF THE PROPOSED GEOGRAPHIC AREA TO BE SERVED:**

CHECK IF SUPPLIED AS AN ATTACHMENT

**10. PROVIDE A STATEMENT SHOWING HOW THE APPLICANT PLANS TO STAFF THE PROPOSED SERVICE (NUMBER AND TYPES OF UNITS, STATION LOCATION, ETC.):**

CHECK IF SUPPLIED AS AN ATTACHMENT

**11. ATTACH A VEHICLE ROSTER WITH THE NUMBER OF VEHICLES IN OPERATION, MAKE, MODEL, MILEAGE, VIN, PERMIT NUMBER, AND REGISTRATION NUMBER OF EACH VEHICLE.**

**12. PROVIDE YOUR PROPOSED RESPONSE TIMES (IN MIN) FOR URGENT AND NON-URGENT CALLS. DESCRIBE HOW THE INTERVAL WILL BE CALCULATED AND WHY THIS BENCHMARK WAS CHOSEN:**

Proposed Response Times:

Non-urgent Calls: 60 minutes

Urgent Calls: N/A

Calculation of Interval:

The interval will be calculated from the moment the call is received by the appropriate personnel or department until the moment they acknowledge the call and begin addressing the issue.

Non-urgent Calls (60 minutes): While non-urgent calls don't demand immediate attention, prompt response is still necessary to maintain customer satisfaction and operational efficiency. A one-hour response time strikes a balance between acknowledging the call promptly and allowing flexibility for handling multiple tasks or prioritizing urgent matters. This benchmark aims to ensure that non-urgent issues are addressed in a timely manner without overburdening resources that may be needed for urgent situations.

**13. PROVIDE A DESCRIPTION OF YOUR COMPLAINT PROCESS FOR COMPLAINTS AND ACCIDENTS. INCLUDE A PROCESS FOR BOTH INTERNAL COMPLAINTS, FACILITIES, AND THE PUBLIC:**

CHECK IF SUPPLIED AS AN ATTACHMENT

[Empty box for description of complaint process]

**14. PROVIDE A DESCRIPTION OF YOUR QUALITY ASSURANCE PLAN**

**CHECK IF SUPPLIED AS AN ATTACHMENT**

**15. PLEASE SUPPLY A CURRENT FINANCIAL STATEMENT (Current letter from the bank verifying business account status and a balance sheet, Medicare audits, audited financial statements and verified lines of credit, etc.)**



**19. COMMUNICATIONS EQUIPMENT:**

TELEPHONE

RADIO

OTHER

**NUMBER OF VEHICLES EQUIPPED WITH RADIOS:**

0

**FREQUENCY(S):**

N/A

**NUMBER OF VEHICLES EQUIPPED WITH MOBILE PHONES:**

4

**20. APPROXIMATE DATE FCC LICENSE WILL BE EFFECTIVE (ATTACH IF CURRENT):**

**21. LIST ALL HOSPITALS, SUPERVISING PHYSICIANS, AND OTHER EMERGENCY AGENCIES (POLICE, FIRE, ETC.) THAT YOU WILL HAVE DIRECT RADIO CONTACT WITH:**

We will not have direct radio contact, all of our communication will be through mobile phones.

**22. PROVIDE EXECUTED COPIES OF ALL BUSINESS AGREEMENTS BETWEEN THE APPLICANT AND A HEALTH CARE FACILITY(S) OR GOVERNMENTAL ENTITY(S) LOCATED IN ORANGE COUNTY, FLORIDA FOR THE PROVISION OF BLS OR ALS SERVICES, WHICH MAY INCLUDE INTERFACILITY TRANSPORT.**

**23. IF THIS IS A MODIFICATION OF A CURRENT COPCN, EXPLAIN WHAT MODIFICATIONS ARE BEING REQUESTED.**

**24. PROVIDE CERTIFICATES OF INSURANCE IN ACCORDANCE WITH SECTION 20-96(e) OF THE ORANGE COUNTY CODE:**

**"PROOF OF INSURANCE, IN THE FOLLOWING AMOUNTS, MUST BE SUBMITTED TO THE COUNTY PRIOR TO ANY APPLICANT RECEIVING A CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY, IN ORDER TO PROTECT THE PUBLIC FROM ANY PERSONAL INJURY OR PROPERTY DAMAGE ARISING OUT OF THE APPLICANT'S OPERATIONS:  
COMMERCIAL LIABILITY WITH A LIMIT OF NOT LESS THAN ONE MILLION DOLLARS (\$1,000,000) PER OCCURRENCE. ORANGE COUNTY TO BE NAMED AS AN ADDITIONAL INSURED.**

**COMMERCIAL AUTOMOBILE LIABILITY WITH A LIMIT OF NOT LESS THAN ONE MILLION DOLLARS (\$1,000,000) PER OCCURRENCE OR COMBINED SINGLE LIMIT. PROFESIONAL LIABILITY WITH A LIMIT OF NOT LESS THAT ONE MILLION DOLLARS (\$1,000,000) PER INCIDENT.**

**NON-GOVERMENTAL PROVIDERS MUST NAME ORANGE COUNTY AS AN ADDITIONAL INSURED. NOTWITHSTANDING THE INSURANCE REQUIREMENTS CONTAINED IN THIS SECTION, GOVERNMENTAL ENTITIES SHALL PROVIDE A CERTIFICATE OF INSURANCE EVIDENCING ITS INSURANCE OR SELF-INSURANCE WITHIN THE LIMITS OF LIABILITY SET FORTH IN F.S. 768.28."**



**SECTION II**

a. PROVIDE CURRENT STATE OF FLORIDA LICENSED AMBULANCE SERVICE

NUMBER:

b. PROVIDE THE FOLLOWING INFORMATION FOR YOUR MEDICAL DIRECTOR.  
ADDITIONALLY, ATTACH PROOF OF EMPLOYMENT WITH YOUR AGENCY OR A  
CONTRACT FOR SERVICE.

NAME:

ADDRESS:

PHONE NUMBER:

FLORIDA MEDICAL LICENSE NUMBER:

c. DESCRIBE THE STAFFING PATTERNS FOR EMTS, DRIVERS, AND PARAMEDICS:

CHECK IF SUPPLIED AS AN ATTACHMENT

d. PROVIDE A STATEMENT SIGNED BY THE AGENCY AND THE MEDICAL DIRECTOR  
ATTESTING THAT ALL UTILIZED PARAMEDICS ARE CERTIFIED AND AUTHORIZED  
BY THE MEDICAL DIRECTOR TO PERFORM ADVANCED LIFE SUPPORT IN THE  
STATE OF FLORIDA

e. **PROVIDE A LIST OF ALL EQUIPMENT AND MEDICATIONS CARRIED IN ADDITION TO THE MINIMUM EQUIPMENT SPECIFIED IN FLORIDA ADMINISTRATIVE CODE 64J-1.002-.003.**

**CHECK IF SUPPLIED AS AN ATTACHMENT**

f. **PROVIDE A PROPOSED SCHEDULE OF RATES, FARES, AND CHARGES**

**CHECK IF SUPPLIED AS AN ATTACHMENT**

Proposed Schedule of Rates

Base Rate (Urban Area): 300  
Base Rate (Rural Area): \$400  
Mileage Rate (per mile beyond a base distance): \$5  
Wait time  $\geq$  30: \$50

g. **PROVIDE INFORMATION ON YOUR MANAGEMENT AND MAINTENANCE PLAN**

**CHECK IF SUPPLIED AS AN ATTACHMENT**

## **REQUIRED SUPPLEMENTARY DOCUMENTATION:**

- 1. LIST PREVIOUS BUSINESS EXPERIENCES OR WORK REFERENCES FOR THE LAST 5 YEARS. SUBMISSION OF AT LEAST ONE LETTER OF SUPPORT FROM THE LIST PROVIDED IS REQUIRED.**

<b>NAME</b>	<b>ADDRESS</b>	<b>PHONE NUMBER</b>	<b>EMAIL</b>
Ali Manekia	111 Central Park Place Sanford 32771	407-474-3080	Max@servertechsolutions.com
Shannon Josey	1804 S Division Ave. Orlando 32805	407-422-1069	Woifl@aol.com
Derek Goodman	3121 Scott Street Vista, CA 92081	888-682-1941	Dgoodman@coastbiomed.com
Jacob Kendrick	2800 US. 98. North, Bartow, 33830	863-640-1918	Jacobk@bartowford.com
Thomas Voll	200 N. Lakemont Ave. Winterpark FL, 32792	407-646-7459	Thomas.Voll@adventhealth.com

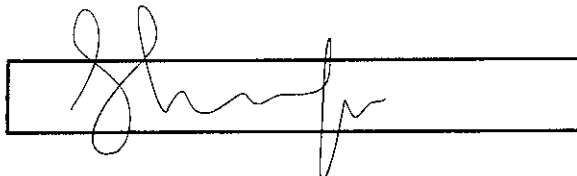
- 2. LIST FIVE CREDIT REFERENCES, SUBMISSION OF A LETTER OF SUPPORT FROM ONE CREDIT REFERENCE LISTED BELOW IS REQUIRED.**

<b>NAME</b>	<b>ADDRESS</b>	<b>PHONE NUMBER</b>	<b>EMAIL</b>
Jeramie Furusho	6 Executive Cir, Ste 250, Irvine CA, 92614	949-669-3207	Jfurusho@reliantcapitalgrp.com
Monica Toby	251 W. 1st St. Sanford FL, 32771	407-792-7702	Tobym@vystarcu.org
Juliette Alvarez	837 Village Oak Ln, Lake Mary FL 32746	407-310-9015	Juliette.Alvarez@chase.com
Keniel Odom	1300 Quail St, ste 205, Newport Beach, Ca 92660	847-572-4608	Keniel.Odoms@firstinsurancefunding.com
Ligia Collins	440 S. Church St, ste700 Charlotte NC, 28202	980-259-3517	Ligia.Collins@take5oilchange.com

**APPLICATION FOR A CERTIFICATE OF PUBLIC CONVENIENCE AND  
NECESSITY FOR AMBULANCE AND FIRE/RESCUE SERVICES**

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 the requirements for the operation of ambulance or fire/rescue service in Orange County and the State of Florida. I acknowledge that as provided in Orange County Code of Ordinances Chapter 20, Division 2, Section 20-101, certificates obtained by an application in which any material fact was intentionally omitted or falsely states are subject to suspension or revocation.

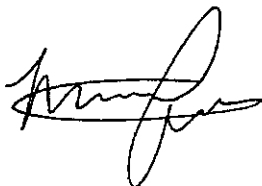
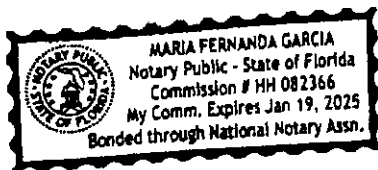
SIGNATURE OF APPLICANT OR REPRESENTATIVE



DATE

2/9/2024

NOTARY SEAL



There has been an ongoing demand for patients to be transported that require oxygen. We are currently denying multiple trips daily for patients that require oxygen, and it has come to our attention that there is not a single BLS only provider in Orange County.

Transporting patients who require BLS in Orange and surrounding counties can benefit the population in several ways:

Firstly, it can help ensure that patients receive the medical attention they need in a timely and efficient manner. When a patient is in need of BLS, time is of the essence, and every minute counts. Having a transportation service that is equipped to handle these situations can help reduce the risk of further injury or complications, and may even save lives.

Secondly, transporting patients who require BLS can help relieve the burden on emergency medical services (EMS) in the area. EMS services can quickly become overwhelmed with calls, and having a separate transportation service to handle non-emergency BLS cases can free up their resources to respond to more critical emergencies.

Additionally, having a reliable and accessible transportation service for patients who require BLS can provide peace of mind for hospitals, patients and their families. Knowing that there is a dedicated service available to transport them to and from medical appointments, procedures, or hospital transfers can reduce the stress and anxiety often associated with medical care.

Overall, a transportation service for patients who require BLS can improve access to medical care, alleviate pressure on emergency departments and hospitals, and improve access to healthcare services for the population. Being that we have been providing paratransit transportation for many years in the Orlando area we believe that we will be a good fit.

In efforts to be proactive, RBYS has already started employing EMT's and EMR's. We currently have 17 registered EMT's as you will see in our roster sheet.

To ensure that there is enough staff to operate, we engage in several practices:

1. Recruitment: We will recruit qualified staff through a variety of channels, such as job postings, job fairs, or referrals. We also offer competitive salaries and benefits to attract and retain staff.
2. Training and Development: RBYS will provide ongoing training and development programs to ensure that our members have the necessary skills and knowledge to perform their jobs effectively. These programs may include safety driving courses, hands-on training, CPR classes, and access to resources such as online training modules.
3. Scheduling: To ensure adequate coverage at all times we have established scheduling practices that ensure adequate coverage at all times. This involves creating flexible schedules, using shift differentials to incentivize working unpopular shifts, and providing incentives for staff to pick up extra shifts when needed.

By implementing these practices, we can ensure that we will have enough staff to operate and provide high-quality services to all of our clients and patients.

We have created a great environment and work culture and that has proven to be a great success. We plan on partnering with schools and county EMS offices to provide part time and per diem shifts to their EMS staff.

For BLS vehicles, we will operate a two person team consisting of EMT's and EMR's. We currently have a fleet of 13 vehicles suited to provide wheelchair and stretcher transportation. Upon receiving our COPCN, we will initially have 3 BLS Units stationed at our headquarters.

Make	Model	Year	Vin	Mileage
Ford Truck 1	Transit 350 Pass	2021	VIN: 1FDAX2C88MKA19057	56,593
Ford Truck 2	Transit 350 Pass	2021	VIN: 1FDAX2C8XMKA19058	75,281
Ford Truck 3	Transit 350 Pass	2021	VIN: 1FBAX2C84MKA87977	50,780
Ford Truck 4	Transit 350 Pass	2021	VIN: 1FBAX2C82MKA87976	38,598
Ford Truck 5	Transit 350 Pass	2021	VIN: 1FBAX2C80MKA80234	48,368
Ford Truck 6	Transit 350 Pass	2020	VIN: 1FDAX2C80LKA98724	39,050
Ford Truck 7	Transit 350 Pass	2022	VIN: 1FBAX2C86NKA17947	37,850
Ford Truck 8	Transit 350 Pass	2022	VIN: 1FBAX2C83NKA11667	28,753
Ford Truck 9	Transit 350 Pass	2022	VIN: 1FBAX2C8XNKA17949	15,822
Ford Truck 10	Transit 350 Pass	2022	VIN: 1FBAX2C88NKA17948	10,430
Ford Truck 11	Transit 350 Pass	2023	VIN: 1FBAX2C89PKA50184	2,425
Ford Truck 12	Transit 350 Pass	2023	VIN: 1FBAX2C86PKA50322	1,689
Ford Truck 13	Transit 350 Pass	2023	VIN: 1FBAX2C87PKA50278	5,241

RBYS recognizes the importance of providing a comprehensive complaint process for all complaints and accidents, whether they are internal, facility-related, or from the public. We are committed to addressing all complaints and accidents in a timely and effective manner, and take any concerns seriously to ensure the highest level of service for all customers.

The complaint process includes the following steps:

1. **Internal Complaints:** All staff members are encouraged to report any concerns or complaints to their immediate supervisor. Supervisors will investigate the complaint and take appropriate action to address the issue. If the complaint is not resolved, the employee may escalate the complaint to the next level of management until the issue is resolved.
2. **Facility Complaints:** Customers who wish to file a complaint related to our facilities may do so by contacting our customer service department. The customer service representative will document the complaint and forward it to the appropriate department for review and resolution. The customer will receive a response within a reasonable timeframe.
3. **Public Complaints:** If a member of the public wishes to file a complaint or report an accident, they can do so by contacting RBYS through our website, email, or phone. The complaint will be documented and forwarded to the appropriate department for review and resolution. The person who filed the complaint will receive a response within a reasonable timeframe.

In the case of accidents, RBYS will take the following additional steps:

1. **Immediate Response:** RBYS staff will immediately contact 911 when involved in an accident.
2. **Documentation:** All accidents will be documented, and a report will be created and filed with state and county EMS departments.
3. **Investigation:** RBYS will investigate the accident to determine the cause and prevent it from happening again in the future.
4. **Communication:** All parties involved in the accident including state and county EMS departments will be notified of the investigation's findings and any necessary actions taken.

RBYS is committed to providing high-quality service, and our complaint and accident process is an essential part of ensuring that we maintain our standards, but will also be used for us to better our operations and grow.



By implementing this quality assurance plan, RBYS is confident that it can maintain high-quality standards and meet customer expectations. This commitment to quality will help RBYS to provide safe, reliable, and efficient transport services to its customers.

The following is a description of a quality assurance plan for RBYS:

1. **Quality Standards:** RBYS will establish and communicate quality standards for all its products and services. These standards will be based on customer expectations, county guidelines, and industry best practices.
2. **Training and Development:** RBYS will provide regular training and development opportunities for all staff members to ensure that they have the skills and knowledge necessary to meet quality standards.
3. **Process Improvement:** RBYS will continuously review and improve its processes to ensure that they are efficient and effective in meeting quality standards. Process improvements will be based on data and customer feedback.
4. **Documentation:** RBYS will document all quality-related activities, including customer feedback, process improvements, and training and development initiatives. This documentation will be used to track progress and identify areas for improvement.
5. **Auditing and Evaluation:** RBYS will conduct regular audits and evaluations of its quality assurance plan to ensure that it is effective in meeting quality standards. These audits and evaluations will be conducted by qualified personnel and will be based on established criteria.
6. **Customer Feedback:** RBYS will actively seek customer feedback to identify areas for improvement and ensure that quality standards are being met. This feedback will be used to make necessary changes and improvements to RBYS's services.

**RIGHT BY YOUR SIDE LLC****BALANCE SHEET**

AS OF JUNE 30, 2023

**ASSETS****CURRENT ASSETS**

CASH		239,516
ACCOUNTS RECEIVABLE		<u>379,336</u>
<b>TOTAL CURRENT ASSETS</b>		<u>618,852</u>

**FIXED ASSETS**

ASSETS	593,378	
LESS ACCUM. DEPRECIATION	<u>288,865</u>	
<b>TOTAL FIXED ASSETS</b>		<u>304,513</u>

<b>TOTAL ASSETS</b>		<u><b>923,365</b></u>
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**LIABILITIES & EQUITY****LIABILITIES****CURRENT LIABILITIES**

ACCOUNT PAYABLE		0
OTHER CURRENT LIABILITIES		<u>21,101</u>
<b>TOTAL CURRENT LIABILITIES</b>		<u>21,101</u>

<b>LONG TERM LIABILITIES</b>		759,198
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**LOANS**

CAPITAL		70,000
RETAINED INCOME		<u>73,066</u>
<b>TOTAL EQUITY</b>		<u>143,066</u>

<b>TOTAL LIABILITIES &amp; EQUITY</b>		<u><b>923,365</b></u>
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# RIGHT BY YOUR SIDE LLC

## PROFIT & LOSS ACCOUNT

FOR THE PERIOD JAN - JUN 30, 2023

**TRANSPORTATION INCOME** **1,119,136.00**

**LESS EXPENSES**

ACCOUNTING	2,015.00
ADVERTISING	8,611.00
AUTO EXPENSES	8,943.00
BANK CHARGES	503.00
COMPUTER EXP	891.00
CONSULTANCY	13,150.00
DUES & SUBSCRIPTION	1,117.00
FUEL COSTS	90,093.00
GIFTS	393.00
HIRING CHGS	14,769.00
INSURANCE	133,827.00
INTEREST	19,276.00
JANITORIAL EXP	4,155.00
LICENSES & PERMITS	335.00
MARKETING EXP	16,457.00
OFFICE EXPENSE	7,388.00
PAYROLL TAXES	39,806.00
PARKING & TOLLS	6,748.00
POSTAGE	537.00
PROFESSIONAL FEES	10,945.00
PROMOTION EXP	2,116.00
UNIFORMS	2,043.00
RENTS	18,000.00
REPAIRS AND MAINTENANCE	2,869.00
SAFETY & FIRST AID EXP	11,461.00
SALARIES & WAGES	445,009.00
SOFTWARE EXP	4,006.00
SUPPLIES	6,006.00
TELEPHONE	4,547.00
TRAINING & SEMINARS	6,569.00
TRAVEL	3,945.00
UNIFORMS	2,396.00
UTILITIES	4,134.00
VEHICLE STORAGE	16,000.00
VEHICLE MAINTENANCE	30,954.00
WORKERS COMP	11,769.00
WEBSITE	695.00

**952,478.00**

**NET INCOME**

**\$ 166,658.00**



# Deposit Account Balance Summary

02/06/2024

Requestor information:

RIGHT BY YOUR SIDE INC

1800 PEMBROOK DR STE 327  
ORLANDO, FL 32810-6928

Summary of Deposit Account				
Account Number	Account Type	Open Date	Current Balance	Avg Balance (12 mos)
██████████	Chase Platinum Business Checking	07/14/2016	\$33,558.42	\$31,845.00
Customer Information				
RIGHT BY YOUR SIDE INC		Sole Owner		
ABDUL MOHAMEED SHERAZEE		Signer		
MINAZ MANEKIA		Signer		
MOHAMMED I SHERAZEE		Signer		

Deposit Account Balance Summary request completed by:

JULIETTE ALVAREZ  
(407) 310-9015  
Lake Mary

### PLEASE NOTE THAT THE INFORMATION PROVIDED IN THIS LETTER WILL BE THE ONLY INFORMATION RELEASED BY JPMorgan Chase, N.A.

This letter is written as a matter of business courtesy, without prejudice, and is intended for the confidential use of the addressee only. No consideration has been paid or received for the issuance of this letter. The sources and contents of this letter are not to be divulged and no responsibility is to attach to this bank or any of its officers, employees or agents by the issuance or contents of the letter which is provided in good faith and in reliance upon the assurances of confidentiality provided to this bank. Information and expressions of opinion of any type contained herein are obtained from the records of this bank or other sources deemed reliable, without independent investigation, but such information and expressions are subject to change without notice and no representation or warranty as to the accuracy of such information or the reliability of the sources is made or implied or vouched in any way. This letter is not to be reproduced, used in any advertisement or in any way whatsoever except as represented to this bank. This bank does not undertake to notify of any changes in the information contained in this letter. Any reliance is at the sole risk of the addressee.



# Deposit Account Balance Summary

02/06/2024

Requestor information:

RIGHT BY YOUR SIDE INC

1800 PEMBROOK DR STE 327  
ORLANDO, FL 32810-6928

Summary of Deposit Account				
Account Number	Account Type	Open Date	Current Balance	Avg Balance (12 mos)
██████████	Chase Business Premier Savings	02/28/2019	\$56,754.97	\$50,846.00
Customer Information				
RIGHT BY YOUR SIDE INC		Sole Owner		
ABDUL MOHAMEED SHERAZEE		Signer		
MINAZ MANEKIA		Signer		

Deposit Account Balance Summary request completed by:

JULIETTE ALVAREZ  
(407) 310-9015  
Lake Mary

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# Deposit Account Balance Summary

02/06/2024

Requestor information:

RIGHT BY YOUR SIDE INC

1800 PEMBROOK DR STE 327  
ORLANDO, FL 32810-6928

Summary of Deposit Account				
Account Number	Account Type	Open Date	Current Balance	Avg Balance (12 mos)
[REDACTED]	Chase Business Total Savings	10/18/2021	\$35,026.75	\$121,012.00
Customer Information				
RIGHT BY YOUR SIDE INC		Sole Owner		
MINAZ MANEKIA		Signer		

Deposit Account Balance Summary request completed by:

JULIETTE ALVAREZ  
(407) 310-9015  
Lake Mary

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**Medical Director Attestation**

We, the undersigned, hereby affirm and attest that all Emergency Medical Technicians (EMTs) and Paramedics employed and utilized by **Right By Your Side** hold and will maintain valid CPR (Cardiopulmonary Resuscitation) certification as required by relevant regulations and standards. We understand the importance of this certification in ensuring the highest quality of emergency medical care and are committed to upholding these standards to safeguard the health and well-being of those we serve.

This statement serves as our pledge that ongoing education, training, and certification renewal for our EMTs and Paramedics will be rigorously observed and enforced to meet and exceed the required healthcare provisions.


**Applicant**

Name: Abdul Sherazee

Signature: 

**Medical Director**

Name: Abbas H. Peera, MD

Signature: 

EMPLOYEE NAME	Certification Level	EMT CERT	EXPIRATION DATE	CPR CERT	EXPIRATION DATE
Alejandro Quintana	National EMT	E3791344	03/31/2025	American Heart Association	06/2024
Andres Torres	State EMT	EMT 581268	12/01/2024	American Heart Association	12/2024
Billy Montalvo	National EMT	E3713052	03/31/2025	American Red Cross	10/2024
Bri Lynn Jackson	State EMT	EMT 583072	12/01/2024	American Heart Association	07/2025
Christian Zapata	National EMT	E3726407	03/31/2025	American Heart Association	05/2025
Christopher Torrellas	State EMT	EMT 568308	12/01/2024		
Emily Miller	National EMT	E3426255	03/31/2025	American Red Cross	09/2024
Francisco Arauz	State EMT	EMT 580954	12/01/2024	American Heart Association	10/2024
Garrett Goodin	State EMT	EMT 557659	12/01/2024		
Israel Williams	National EMT	E3753548	03/31/2025	American Heart Association	01/2025
Jean-Luc Stitt	State EMT	EMT 583187	12/01/2024	American Heart Association	10/2025
Robert Lewicki	National EMT	E3741617	03/31/2025	American Heart Association	12/2024
Ryan Kozlowski	National EMT	E3779215	03/31/2025	American Heart Association	06/2025
Sean Jattan	State EMT	EMT 545639	12/01/2024		
Weston Skiff	National EMT	E3708066	03/31/2025	American Heart Association	01/2026
William Ogden		EMT	12/01/2024		
Simone Klass		N/A	N/A	American Red Cross	11/2024
Mahala Shearer		EMT	12/01/2024	American Heart Association	11/2024
Andres Caceda		N/A	N/A		
Joshua Gonzalez		N/A	N/A		
Eduardo Virella		N/A	N/A		



Right By Your Side  
Abdul Sherazee



# “SERVICES AGREEMENT”

Right By Your Side  
Abdul Sherazee

## TRANSPORTATION SERVICES AGREEMENT

This Agreement is made effective as of [3/28/2024], by and between Right By Your Side, with a principal place of business located at 1800 Pembroke Dr. Ste 300 Orlando Fl, 32810 ("Provider"), and [The Commons], with a principal place of business located at 210 Lake Avenue, Orlando, Florida, 32801 ("Facility").

1. **Services:** Provider agrees to furnish BLS transportation services ("Services") as requested by the Facility. These services include, but are not limited to, basic life support transport, patient monitoring, and other related services as agreed upon by both parties.
2. **Term:** This Agreement shall commence upon approval of COPCN and shall continue in effect until [One (1) year] unless sooner terminated as provided herein.
3. **Payment:** Facility agrees to pay Provider a fee per transport, payable within [60] days of service completion. Additional charges for services beyond the scope described in Section 1 shall be agreed upon by both parties in writing.
4. **Responsibilities of Provider:** Provider shall ensure that all personnel are properly licensed and trained and that all equipment meets applicable regulations and standards. Provider also agrees to maintain all necessary insurance coverage.
5. **Responsibilities of Facility:** Facility agrees to provide accurate and complete information necessary for the provision of Services and to comply with all laws and regulations relating to the Services.
6. **Termination:** Either party may terminate this Agreement with [90] days written notice to the other party.
7. **Confidentiality:** Both parties agree to maintain the confidentiality of any proprietary information received during the term of this Agreement.
8. **Compliance with Laws:** Both parties shall comply with all applicable laws, regulations, and ordinances in the performance of their obligations under this agreement.
9. **Entire Agreement:** This Agreement contains the entire understanding between the parties and supersedes all prior and contemporaneous agreements and understandings, oral or written, relating to the subject matter hereof.
10. **Amendment:** No amendment, change, or modification of this Agreement shall be valid unless in writing signed by both parties.
11. **Governing Law:** This Agreement shall be governed by the laws of the state of [Florida].


[Signature Page to Immediately Follow]

Right By Your Side  
Abdul Sherazee

IN WITNESS WHEREOF, the parties have caused this Transportation Services Agreement to be executed as of the date first set forth above.


FACILITY:

The Commons at Orlando Lutheran Towers  
210 Lake Avenue, Orlando, Florida, 32801

DocuSigned by:  
  
891E3D0E50034FD...  
Name: Ordell Reid  
Title: Liaison

PROVIDER:

Right By Your Side  
1800 Pembroke Dr. Ste 300, Orlando, FL 32810

DocuSigned by:  
  
438CFF13CCC5424...  
Name: Abdul Sherazee  
Title: Owner



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/18/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement.

PRODUCER: Shinberg-LTB Agency, 2163 University Park Drive, Suite 200, Okemos, MI 48864. CONTACT NAME: Kimberly Smith, PHONE: (517) 913-2924, FAX: (517) 337-8416, E-MAIL ADDRESS: ksmith@sltbagency.com. INSURER(S) AFFORDING COVERAGE: TDC Specialty Insurance Company (34487), Hudson Insurance Company (25054).

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSD, SUBR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Rows include Commercial General Liability, Automobile Liability, Umbrella Liab, Excess Liab, Workers Compensation, Professional Liab.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Orange County shall be named as additional insured with respect to General Liability, Professional Liability and Auto Liability coverage.

CERTIFICATE HOLDER: Orange County Risk Management Division, 109 E Church St, Ste 200, Orlando, FL 32801. CANCELLATION: SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE: Kim Smith



Right By Your Side  
Abdul Sherazee

### **Service Agreement**

This combined document serves both as a Service Agreement and a Declaration of Appointment, outlining the terms under which **Dr. Abbas Peera ("Medical Director")** will serve as the Medical Director for **Right By Your Side ("Agency")**, a Florida Corporation. This agreement is designed to formalize Dr. Peera's role within the organization and establish the parameters of his service.

### **Effective Date:**

This agreement shall take effect on March 1st, 2024.

### **Parties:**

- Agency: Right By Your Side, with its principal place of business located at 1800 Pembroke Dr., Orlando, FL 32810, Suite 300.
- Medical Director: Dr. Abbas Peera.

### **Purpose:**

The primary purpose of this document is to:

Officially appoint Dr. Abbas Peera as the Medical Director of Right By Your Side, acknowledging his responsibilities and authority in this capacity.

Define the terms of service, including duties, and conditions under which Dr. Peera will provide his expertise and leadership.

### **Terms of Service:**

- Duties: Dr. Peera will oversee medical protocols, ensure compliance with healthcare regulations, provide guidance on medical policies, and support the training and development of the Agency's staff.
- Compensation: Dr. Peera will receive compensation as agreed upon in a separate schedule to this agreement.
- Duration: This agreement is valid unless terminated earlier by either party with a 90 day notice.



Right By Your Side  
Abdul Sherazee

**Independent Contractor Status:**

Dr. Abbas Peera shall serve as an independent contractor, not as an employee of the Agency. He will be responsible for his own taxes and insurance.

**Confidentiality:**

Both parties agree to maintain the confidentiality of proprietary information and patient records encountered during the term of this agreement.

**Governing Law:**

This agreement shall be governed by the laws of the State of Florida.

**Entire Agreement:**

This document constitutes the entire agreement between the parties regarding Dr. Peera's appointment as Medical Director and supersedes all prior discussions or documents.

**Amendment:**

Any amendments to this agreement must be made in writing and signed by both parties.



Right By Your Side  
Abdul Sherazee

**Signatures:**

By signing below, both parties agree to the terms and conditions outlined in this Service Agreement and Declaration of Appointment.

**Right By Your Side**

Name: Abdul Sherazee

Title: Owner

Signature: 

**Medical Director**

Name: Abbas H. Peera, MD

Title: Medical Director

Signature: 

For RBYS, a proposed staffing pattern for Basic Life Support (BLS) units that accommodates 8-10 hour shifts, with either two Emergency Medical Technicians (EMTs) or one EMT and one Emergency Medical Responder (EMR) as the driver, can be structured as follows:

## Staffing Model Overview

- **Shift Duration:** Each shift will be either 8 or 10 hours long, ensuring continuous coverage throughout the day and night. The choice between 8 or 10-hour shifts can be based on operational needs, staff availability, and peak call times.
- **Staff Composition:**
  - Option A: 2 EMTs per unit, where both are qualified to provide a full range of BLS services.
  - Option B: 1 EMT and 1 EMR (driver) per unit, where the EMT leads patient care and the EMR focuses on safe transportation but can assist with basic care and support as needed.

## Daily Shift Patterns

For simplicity, the following example assumes 8-hour shifts, which can be adjusted for 8-hour shifts by altering start and end times or adding additional shifts as needed.

- **Day Shift:** 0600 - 1400
- **Evening Shift:** 1400 - 22:00

## Staff Rotation and Scheduling

- **Rotation Scheme:** To ensure rest and reduce burnout, staff could work a pattern of 4-5 days on, followed by 2 days off. This can be adjusted based on part-time staff availability and operational needs.
- **Flexible Positioning:** While maintaining the core structure of the staffing (either 2 EMTs or 1 EMT + 1 EMR), flexibility in scheduling allows for adjustments based on individual competencies, special events, or predicted spikes in service demand.



**Statement of Certification and Authorization**

We, the undersigned, on behalf of **Right By Your Side**, hereby affirm and attest that all paramedics employed and utilized by our agency are fully certified and have been expressly authorized by the Medical Director to perform Advanced Life Support (ALS) services within the State of Florida.

We confirm that each paramedic holds a valid certification that meets or exceeds the standards set forth by the Florida Department of Health and any applicable regulatory bodies. Furthermore, we guarantee that these certifications are current and will be maintained throughout the duration of employment, ensuring compliance with state regulations and guidelines for the provision of ALS services.

**Applicant**

Name: Abdul Sherazee

Signature: 

**Medical Director**

Name: Abbas H. Peera, MD

Signature: 

**TABLE I**  
**GROUND VEHICLE**  
**BLS MEDICAL EQUIPMENT AND SUPPLIES**

ITEM

1. Bandaging, dressing, and taping supplies:
  - a. Adhesive, silk, or plastic tape – assorted sizes.
  - b. Sterile 4 × 4 inch gauze pads.
  - c. Triangular bandages.
  - d. Roller gauze.
  - e. ABD (minimum 5 × 9 inch) pads.
2. Bandage shears.
3. Patient restraints, wrist and ankle.
4. Blood pressure cuffs: infant, pediatric, and adult.
5. Stethoscopes: pediatric and adult.
6. Blankets.
7. Sheets (not required for non-transport vehicle.)
8. Pillows with waterproof covers and pillow cases or disposable single use pillows (not required for non-transport vehicle).
9. Disposable blanket or patient rain cover.
10. Long spine board and three straps or equivalent.
11. Short spine board and two straps or equivalent.
12. Adult and Pediatric cervical immobilization devices (CID), approved by the medical director of the service.
13. Padding for lateral lower spine immobilization of pediatric patients or equivalent.
14. Portable oxygen tanks, “D” or “E” cylinders, with one regulator and gauge. Each tank must have a minimum pressure of 1000 psi, and liter flow at 15 liters per minute.
15. Transparent oxygen masks; adult, child and infant sizes, with tubing.
16. Sets of pediatric and adult nasal cannulae with tubing.
17. Hand operated bag-valve mask resuscitators, adult and pediatric accumulator, including adult, child and infant

transparent masks capable of use with supplemental oxygen.

18. Portable suction, electric or gas powered, with wide bore tubing and tips which meet the minimum standards as published by the GSA in KKK-A 1822E specifications.

19. Extremity immobilization devices. Pediatric and Adult.

20. Lower extremity traction splint. Pediatric and Adult.

21. Sterile obstetrical kit to include, at minimum, bulb syringe, sterile scissors or scalpel, and cord clamps or cord-ties.

22. Burn sheets.

23. Flashlight with batteries.

24. Occlusive dressings.

25. Oropharyngeal airways. Pediatric and Adult.

26. Installed oxygen with regulator gauge and wrench, minimum "M" size cylinder (minimum 500 PSI) with oxygen flowmeter to include a 15lpm setting, (not required for non-transport vehicles.) (Other installed oxygen delivery systems, such as liquid oxygen, as allowed by medical director.)

27. Gloves – suitable to provide barrier protection for biohazards. Sufficient quantity, sizes, and material for all crew members.

28. Face Masks – both surgical and respiratory protective. Sufficient quantity, sizes and material for all crew members.

29. Rigid cervical collars as approved in writing by the medical director and available for review by the department.

30. Nasopharyngeal airways, pediatric and adult.

31. Approved biohazardous waste plastic bag or impervious container per Chapter 64E-16, F.A.C.

32. Safety goggles or equivalent meeting A.N.S.I. Z87.1 standard. One per crew member.

33. Bulb syringe separate from obstetrical kit.

34. Thermal absorbent reflective blanket.

35. Multitrauma dressings.

36. Pediatric length based measurement device for equipment selection and drug dosage.

A management and maintenance plan is a critical aspect of ensuring that RBYS can provide safe and reliable transport services. The following is a description of a management and maintenance plan for RBYS:

1. **Fleet Management:** RBYS will manage its fleet of vehicles through a centralized system that includes regular maintenance, repairs, and replacements. RBYS will monitor vehicle usage and ensure that all vehicles are serviced according to manufacturer recommendations.
2. **Inspection and Maintenance:** RBYS will conduct regular inspections of its vehicles to ensure that they are in good working condition. This includes checking brakes, tires, and other critical components. RBYS will also perform routine maintenance, including oil changes, tire rotations, and fluid checks.
3. **Driver Training and Development:** RBYS will provide regular training and development opportunities for all drivers to ensure that they have the skills and knowledge necessary to operate vehicles safely and efficiently. RBYS will also provide ongoing feedback and performance evaluations to drivers to identify areas for improvement.
4. **Safety and Compliance:** RBYS will comply with all local, state, and federal regulations related to transport services, including safety standards, vehicle inspections, and licensing requirements. RBYS will also establish and enforce its own safety policies and procedures to ensure the highest level of safety for all customers and staff members.
5. **Technology and Innovation:** RBYS will leverage technology and innovation to optimize its operations and improve customer service. This includes implementing real-time vehicle tracking and scheduling software, as well as online booking and payment systems.
6. **Disaster Preparedness:** RBYS will establish and maintain a disaster preparedness plan to ensure that it can respond to emergencies and provide uninterrupted services during a crisis.

By implementing this management and maintenance plan, RBYS is confident that it can maintain its fleet and infrastructure and provide safe, reliable, and efficient transport services to its customers.

## Letter of Support Use of Service Agreement Work Reference

To whom it may concern,

We have utilized Right By Your Side for around 7-8 years for our non-emergent transportation needs within Orange County. They provide consistent, safe, and efficient transportation services, to help support our client population. We utilize Right by Your Side to transport a multitude of patient diagnosis and a significant amount of our patients require the need for supplemental oxygen. We would greatly appreciate if you were to approve Right by Your Side, to allow them to obtain the COPCN Certification, so that they can continue to support our patients who require oxygen as well. We have identified this client population would significantly benefit from RBYS receiving this certification, as this would provide us with an additional resource within the community help better serve these patients and provide them to safer and more efficient services.

Kind Regards,

### **Thomas Voll OTR/L**

AdventHealth  
Clinical Operations Manager  
Inpatient Rehab | Admissions  
200 N. Lakemont Avenue  
Winter Park, FL 32792  
M: 407.592.2285  
E-mail: [Thomas.Voll@adventhealth.com](mailto:Thomas.Voll@adventhealth.com)

## Letter of Support Work Reference

Dear Orange County EMS Office,

I am writing to express my enthusiastic support for RBYS to receive their Certificate of Public Convenience and Necessity (COPCN) to transport hospital patients that require oxygen. RBYS has been an invaluable asset to the Orange County community for many years, providing exceptional medical care and transportation services to patients in need.


As someone who has had the pleasure of working with RBYS on numerous occasions, I can attest to their professionalism, expertise, and commitment to providing high-quality care to their patients. They have a team of skilled and experienced professionals who are well-equipped to handle a wide range of medical emergencies, and they always go above and beyond to ensure that their patients receive the care and attention they need to recover and heal.

Furthermore, RBYS has a strong track record of working collaboratively with local hospitals and healthcare providers to ensure seamless transitions of care for patients. They understand the importance of effective communication and coordination among healthcare providers, and they are committed to fostering positive relationships within the healthcare community.

In my opinion, granting RBYS a COPCN to transport hospital patients that require oxygen would be a wise decision for the Orange County community. RBYS has the expertise, resources, and commitment to excellence necessary to provide safe, reliable, and effective transportation services to these patients, and their presence in our community would be a tremendous asset.

Thank you for your consideration, and please do not hesitate to contact me if you require any further information or support.

Sincerely, Rabih Chaqban



3/22/23

## Letter of Support Credit Reference

March 21th, 2023

Whom it may concern;

I am writing to express my support for Right By Your Side Inc. to receive their Certificate of Public Convenience and Necessity. I have had the pleasure of working with this organization for over 5 years, and I can attest to their dedication and commitment to providing essential services to the community.

During my time working with Right By Your Side Inc, I have seen first- hand the impact they have had on the lives of those they serve. Their team is made up of highly skilled and compassionate professionals who go above and beyond to ensure that every patient receives the care and support they need.

As someone who has worked closely with Right By Your Side, I believe that they are more than deserving of a COPCN. Their track record of success and commitment to excellence speak for itself, and I am confident that they will continue to provide high-quality care to the community for many years to come.

Thank you for your consideration of this matter.

Sincerely,

*Juliette Alvarez*



March 4, 2024

Dear Orange County EMS,

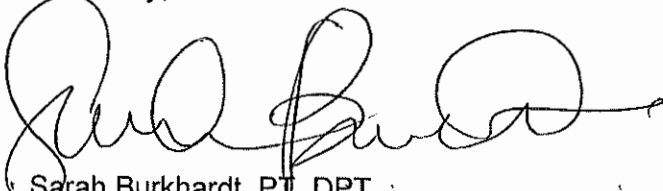
I am writing on behalf of Encompass Health to endorse Right By Your Side for their Certificate of Public Convenience and Necessity (COPCN) application to expand their transport services, including Basic Life Support (BLS) transports. Our collaboration with Right By Your Side for non-emergency transport has significantly enhanced our patient care, demonstrating their commitment, reliability, and high service standards.

Given our positive experience, we are confident in their ability to extend their services to include BLS transports, meeting a critical need within our community. This expansion will not only benefit our patients by ensuring safe and efficient transportation but also support our healthcare system's overall capacity to deliver timely and accessible care.

We believe that granting Right By Your Side a COPCN for BLS transports is in the best interest of our community's health and well-being. We strongly support their application and look forward to the opportunity to extend our partnership to better serve our patients.

Thank you for considering our support for Right By Your Side.

Sincerely,



Sarah Burkhardt, PT, DPT  
Director of Quality Assurance and Risk Management

## **Proposed Response Times**

**To:** Orange County

Right By Your Side (RBYS) is committed to achieving exemplary response times for Basic Life Support (BLS) transport services within Orange County. The proposed response times are based on industry standards according to the American Heart Association.

The proposed response times are according to Section 20-51 of the Code.

Our proposed response times are as follows:

For urban areas, we aim for a 9-minute response for 90% of calls, aligning with best practices and ensuring rapid service.

In suburban regions, our target is 12 minutes for 90% of calls, acknowledging varied travel conditions.

For rural locations, we propose a 15-minute response for 90% of calls, addressing geographical challenges.

Additionally, for prearranged transfers, RBYS commits to arriving within 5 minutes of the scheduled pickup time for 95% of transfers, ensuring dependability and efficiency in planned healthcare transportation. These targets reflect our dedication to providing responsive, high-quality care across Orange County.

Right By Your Side (RBYS) will employ advanced software solutions to meticulously track and monitor response times, ensuring our commitment to promptness and reliability in Basic Life Support (BLS) transport services.

## Statement of Intent for State Licenses

To: Orange County

On behalf of Right By Your Side (RBYS), I am writing to formally express our organization's current position regarding the application process for the Certificate of Public Convenience and Necessity (COPCN). As we embark on this crucial step towards contributing significantly to the healthcare services in our community, we wish to outline our commitment to regulatory compliance and collaborative engagement with both State and County authorities.

RBYS understands the importance of adhering to all regulatory requirements and procedures as mandated by the State. In this light, we wish to clarify that this application for the COPCN is an initial step in our comprehensive compliance journey. Our commitment to the health and safety of our community is paramount, and securing this certificate is integral to fulfilling our mission.

Upon receiving approval for our COPCN, RBYS intends to promptly proceed with the necessary steps to obtain the requisite license from the State. We are fully committed to ensuring that all regulatory prerequisites are met and intend to work diligently to navigate the licensing process with integrity and transparency.

Furthermore, RBYS pledges to provide the County with all pertinent information regarding our State license prior to initiating our operations. We recognize the significance of maintaining open lines of communication with the County and are dedicated to fostering a collaborative relationship that prioritizes the welfare of the communities we serve.

RBYS is earnestly committed to navigating the regulatory landscape with the utmost respect for the procedures and guidelines established by both the State and County. Our team is prepared to undertake all necessary measures to ensure compliance and looks forward to contributing positively to our community's healthcare infrastructure.

Signature: \_\_\_\_\_

Name: Abdul Sherazee

Title: Owner

## Confirmation of Intent for Vehicle Permit Acquisition

To: Orange County

As part of Right By Your Side (RBYS)'s ongoing commitment to compliance and operational excellence, we wish to confirm our intentions regarding the acquisition of vehicle permits as required by the State, and our pledge to share this critical information with the County prior to the commencement of our services.

Understanding the critical role that vehicle permits play in ensuring the safety and reliability of our service, RBYS is actively engaged in the process of obtaining all necessary vehicle permit numbers from the State. This step is pivotal in our journey towards operational readiness and underscores our dedication to meeting all regulatory standards set forth by State and County authorities.

RBYS acknowledges the importance of maintaining a transparent and collaborative relationship with the County. In alignment with this principle, we hereby confirm our intention to provide the County with detailed information regarding our State-issued vehicle permit numbers ahead of our operational start date. This measure is part of our broader commitment to ensure a seamless and compliant integration into the healthcare services ecosystem of our community.

We are dedicated to facilitating an open exchange of information and to working in close coordination with the County to address any queries or requirements they may have in relation to our vehicle permits. RBYS is fully prepared to submit the necessary documentation and permit details to satisfy County regulations and expectations.

Our team at RBYS is eager to advance through the necessary steps to secure our vehicle permits and to share this information with the County. We are committed to undertaking this process with the highest degree of diligence and integrity, ensuring that our operations not only comply with but exceed the standards expected by both the State and County.

Signature:   
Name: Abdul Sherazee  
Title: Owner

## **Statement Regarding Details of Vehicles for Service**

As part of our commitment to providing exceptional emergency medical services upon being granted the Certificate of Public Convenience and Necessity (COPCN), we have carefully selected Ford Transit Type 2 ambulance vans to serve as the cornerstone of our fleet. These vehicles are renowned for their reliability, versatility, and spacious interior, making them ideal for transporting patients safely and efficiently.

We currently do not own said vehicles and upon receiving the COPCN, we will proceed with the purchase of these Ford Transit Type 2 ambulance vans to ensure that our fleet is equipped to meet the demands of our community. Each van will be outfitted with equipment and supplies in accordance with 64J-1.002. We are confident that the addition of these Ford Transit Type 2 ambulance vans to our fleet will enhance our ability to deliver exceptional emergency medical services and contribute to the well-being of our community.

Sincerely,

Abdul Sherazee  
Right By Your Side

## **Statement of Exclusive BLS Interfacility Transportation Services**

**To:** Orange County Office of the Medical Director

We are writing to officially inform you that Right By Your Side (RBYS) is dedicated to providing exclusively Basic Life Support (BLS) interfacility transportation services within Orange County. This service is intended to assist in the safe and efficient transfer of patients requiring Basic Life Support between healthcare facilities.

Our BLS transportation services will be operated by professionally trained and certified personnel, specializing in care and patient management during transfers. We wish to clarify that we will not be providing Advanced Life Support (ALS) services. Our focus is strictly on BLS provisions, ensuring compliance with all relevant healthcare regulations and standards applicable to BLS transport.

We are committed to upholding the highest standards of patient care and safety in alignment with community needs and regulatory guidelines. Thank you for your attention and cooperation.

Sincerely,

Abdul Sherazee  
Right By Your Side



May 1, 2024

VIA HAND DELIVER AND EMAIL

Dr. Christian Zuver  
Medical Director  
Orange County Emergency Medical Services  
4654 35<sup>th</sup> Street  
Orlando, FL 32811  
[Christian.zuver@ocfl.net](mailto:Christian.zuver@ocfl.net)

RE: Objection to Right By Your Side COPCN Application

Dr. Zuver:

Pursuant to Ordinance 2022-19 section 20-94, RG Ambulance Inc. d/b/a American Ambulance hereby files this objection to the Application of Right By Your Side (hereinafter "RBYS" or the "Applicant") for COPCN to operate BLS interfacility service within Orange County. This objection is timely under section 20-94 (b) because it has been within 14 days of the County's notice of the Application.

### **Summary of Objection**

The application submitted by RBYS is both deficient in required information and insufficient in its description of the benefits of the proposed service for the population of the county or the population of some geographic area of the county where the applicant will provide its proposed service. As discussed more fully below, there is no verifiable need or necessity within the County as the current providers are exceeding expectations to the current demand for services.

### **Applicable Standards and Grounds for Objection**

In reviewing the application for COPCN, Section 20-93 (5), "A statement describing, with reasonable certainty, the geographic area proposed to be served and how the applicant's proposed service will benefit the population of that geographic area". The Applicant merely stated that there is not a single BLS only provider in Orange County. The Applicant failed to mention that every existing transport provider is licensed as both BLS and ALS which is an enhancement to the EMS system and a "Standard of Care" for Orange County. Furthermore, the Applicant is suggesting that addition of a BLS only provider "can help relieve the burden on emergency medical services (EMS) in the area." The current system has \*Eight (8) providers that are currently licensed as inter-facility transport agencies. Both BLS and ALS certifications are held by all. The addition of another provider will only further degrade the ability of the current providers ability to attract, employ and retain qualified licensed EMS personnel. Five (5) of the current providers have been issued COPCN's over the past 24 months thus having put a strain on the current interfacility transport system. The



addition of another provider will be unrevivable and have a reverse effect than what the Applicant states.

Additionally, and in accordance with section 20-95 (1) EMSAC must consider the number of providers currently providing services and the type and quality of service provided. In doing so, and in accordance with section 20-95 (4) the results of the most recent county survey are to be considered.

It is our recollection that the most recent survey conducted in December 2023 suggest that hospital systems, nursing homes and other health care institutions **do not** see EMS service or response times as an issue in Orange County. Furthermore, It is our understanding that only seven (7) surveys were completed out of more than a hundred facilities in Orange County. The results of the survey, through lack of participation as well as the submitted responses would NOT suggest that the county should consider additional providers.

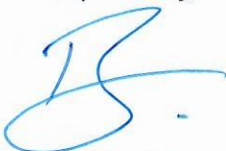
The Applicant focuses on a perceived “demand for patients to be transported that require oxygen”. This statement should come of concern to Orange County. The statement demonstrates the Applicants inexperience in the application of EMS standards of care as well as the inexperience and the complexity of billing Medicare and other third-party insurers. EMS providers in all cases must demonstrate Medical Necessity for reimbursement of claims to insurers. Oxygen by itself does not meet the standard for Medical Necessity. Patients could quickly see their insurance claims denied and left with a significant out of pocket expense because the Applicant may have failed to qualify the medical necessity for non-emergency ambulance transport.

Basic Life Support treatment and transportation is more than the administration of oxygen. The recent emphasis of the BLS skill set such as airway management and CPR over the past year in Orange County further demonstrates this.

RG Ambulance Service, Inc. d/b/a American Ambulance has an outstanding reputation in Orange County and the surrounding communities. To date we have not received one single complaint of service or violations from the Division of Emergency Medical Services in two decades.

For the reasons identified, RG Ambulance Service, as an existing provider of ALS/BLS interfacility service provider in Orange County, respectfully requests that the Application of Right By Your Side (RBYS) be denied.

Respectfully,



Bob Eberhart  
General Manger



May 13, 2024

via FedEx and Electronic Mail

Dr. Christian C. Zuver  
Christian.Zuver@ocfl.net  
Orange County Emergency Medical Services  
4654 35<sup>th</sup> Street  
Orlando, FL 32811

Re: Objection to Application of Right By Your Side for COPCN  
MLG File No. 122031

Dear Dr. Zuver:

Our firm represents Lifefleet Southeast, Inc., d/b/a American Medical Response (“AMR”) as an existing holder of a Certificate of Public Convenience and Necessity (“COPCN”) to operate Basic Life Support (“BLS”) interfacility services in Orange County. Pursuant to Section 20-94(b) of the Orange County Code of Ordinances, AMR hereby files this objection (the “Objection”) to the Application of Right By Your Side, Inc. (“RBYS”) for a COPCN to operate BLS interfacility service within Orange County. This Objection is timely because it has been served within 14 days of the County’s notice of the Application.

**Grounds for Objection**

First, the Code requires that any applicant for a COPCN obtain all licenses the state requires. Specifically, the Code states in Section 20-91(c), “[i]t is the board's intent to deem applicants for certificates qualified if said applicants possess **the required licenses** and permits from the state and submit timely, complete, and accurate applications in accordance with this article.” (emphasis added.) Further, Section 20-92(a) states that, “[e]very person that provides ALS or BLS services, including interfacility transport, within the county must obtain a certificate of public convenience and necessity from the board in accordance with this article, and **all applicable licenses** and permits required by the state.” Therefore, if an applicant does not possess the required state licenses at the time of application, the Code deems such applicant unqualified to receive a COPCN. Also, Florida law requires a transportation provider to hold a state license prior to operating in the BLS level of service. *See*: Section 401.25(1), *Florida Statutes*.

Here, the RBYS completely disregards the Code and state law requirement that it hold a state license to operate BLS transport. In fact, in its Application, RBYS states that a state license is “N/A” and provides no explanation why it does not hold a license. *See* p. 9 of Application. As such, RBYS ignores the above-referenced Code and state law provisions and the Code’s requirement that each application for a COPCN include “[a]ll applicable state licensing information including license numbers.” Code Section 20-93(d)(4).

Further, Section 20-93(7) requires an application to include, “[a] description of each vehicle to be used in the applicant’s operations, including the make, model, mileage, and all vehicle identification, permit, and registration numbers.” In its Application, RBYS completely ignores this requirement and fails to list any vehicles whatsoever.

Notably, in 2021, Osceola Regional Hospital, Inc. applied for a BLS interfacility COPCN and did not have a state license nor did it provide a detailed vehicle roster, just like RBYS. Consequently, on November 30, 2021, the Board of County Commissioners denied Osceola Regional’s application for having no state license and no vehicle roster. Similarly, RBYS’s Application must be denied for failure to follow these critical state law and Code requirements.

Additionally, the Code in Section 20-93(14) requires “[a] description of the applicant’s telephone **and radio communications system** including, but not limited to its assigned frequency, call numbers, and hospital communications capabilities.” The Code also requires in Section 20-93(10) a proposed schedule of rates. In its Application, RBYS provides no information regarding a radio system (it states it operates by cell only) nor does it provide a rate schedule.

Finally, as set forth in the objection filed by American Ambulance, there is no demonstrated need for any additional BLS interfacility operations in Orange County. RBYS has not shown that the existing level of service is not adequate to meet the public need in the BLS interfacility category. Of the eight current BLS interfacility providers, five have entered the market over the past two years. Simply put, the market is adequately served as is and issuing new COPCN’s for BLS interfacility will only cause further cannibalization of the industry and further strain the already thin job market from which companies hire drivers and paramedics.

In sum, there are numerous, serious defects with the Application that merit its denial. If this Application for interfacility transport is granted, without any demonstrated need for such service in Orange County, the intent behind Florida’s certificate of need statute and County Code implementing the statute would be completely eviscerated and the citizens of Orange County would suffer by ever-expanding industry cannibalization. In short, AMR has a record of exemplary service in Orange County, and in other counties throughout Florida and there is no proven need for an additional service provider, notwithstanding the numerous critical omissions from the Application as detailed above.

For all of the foregoing reasons, American Medical Response, as an existing provider of BLS interfacility service in Orange County, respectfully requests that the Application of Right By Your Side, Inc., be denied.

Should you have any questions, please do not hesitate to contact me at (813) 923-1502.

Best regards,

MILLS LAW GROUP PA

*Jordan Miller*

Jordan Miller

SJM/cls

cc: (via email)

May 13, 2024

Dr. Christian Zuver, MD  
Medical Director  
Orange County Emergency Medical Services  
4654 35<sup>th</sup> Street  
Orlando, FL 32811  
[Christian.zuver@ocfl.net](mailto:Christian.zuver@ocfl.net)

RE: Objection to Rightway BLS Services, Inc., Right by Your Side, and Florida Ambulance Service d/b/a Florida Medical Transport COPCN applications.

Dr, Zuver,

National Health Transport is responding to Orange County's notice of applicants and is filing an objection to the above-named applicants for Certificates of Public Convenience and Necessity.

National Health Transport petitioned this very Council just over two years ago meeting the requirements set forth by Orange County. At that time a need was proven, users of the system came forth and testified before the Board of County Commissioners that additional ambulance services were required to improve response times.

Subsequently, four new Certificates have been issued. National Health Transport, Affordable, First to Aid (now Trident), and Air Methods have all added capacity to the non-emergency ambulance transport system in Orange County.

As noted by the lack of response to the recent system survey, the hospital systems, nursing homes, and other healthcare institutions of the system are happy with the improvements that have been made since the addition of the latest providers. Further diluting the system will be detrimental to those who have made the most recent investments. Additionally, no need for additional services has been suggested or proven by any of the current applicants.

Systems around the country known for an open-door approach to EMS are fraught with challenges in monitoring quality and are more prone to instances of fraud and abuse<sup>1</sup>.

National Health Transport operates in 11 Florida Counties. Orange County, by far, has the most providers per capita than any other county in which we operate. Because of that, the cost of doing business is higher as well. The system has reached capacity in terms of providers. Allow us to continue providing excellent services and deny Rightway BLS Services, Inc., Right by Your Side, and Florida Ambulance Service d/b/a Florida Medical Transport COPCN applications.

Sincerely,

Raul Rodriguez, CEO



A handwritten signature in black ink, appearing to read 'R. Rodriguez', is written over a horizontal line.

<sup>1</sup> CMS enrollment moratorium in eight Texas counties.