



Legislation Text

File #: 26-0262, **Version:** 1

Interoffice Memorandum

DATE: February 12, 2026

TO: Mayor Jerry L. Demings and County Commissioners

THROUGH: Raul Pino, Director, MD, MPH, Department 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 renewal Paratransit Services License for American Medical Response, Inc. to provide wheelchair/stretchers service. The term of this license shall be from March 26, 2026 and will terminate on March 25, 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 American Medical Response, Inc. American Medical Response, Inc. has submitted the attached renewal 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 American Medical Response, Inc. as contained in Orange County Ordinance 2001-09. All interested and appropriate persons have been notified of this renewal application.

BUDGET: N/A

License

Paratransit Services

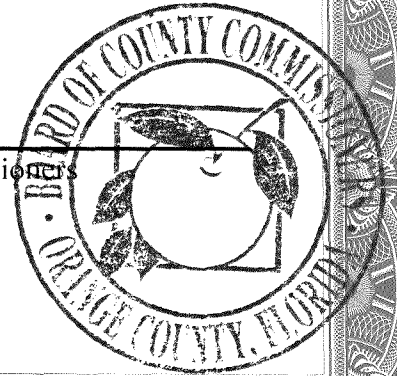
Orange County
Board of County Commissioners
Emergency Medical Services

This is to certify that American Medical Response, Inc.
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: March 26, 2026

Date of Expiration: March 25, 2028

Bryan W. Banks
Mayor, Board of County Commissioners





RECEIVED

RENEWAL PARATRANSIT SERVICES:

DATE: 1/7/26
APPLICATION FOR LICENSE REISSUE: [Signature]

APPLICATION DATE: 12/15/25

SECTION I: GENERAL INFORMATION

- 1. NAME OF SERVICE: Life Fleet Southeast d/b/a American Medical Response
2. BUSINESS ADDRESS (INCLUDE COUNTY): 4728 Old Winter Garden Rd Orlando, FL 32811 (Orange County)
3. CONTACT INFORMATION: Name: Vicki Wells, Business Phone: 407-578-3605, Mobile Phone: 407-405-8176, Email: vicki.wells@gmr.net
4. OWNERSHIP TYPE: [X] PRIVATE CORPORATION [] GOVERNMENT AGENCY [] OTHER
5. LEVEL OF SERVICE: [X] WHEELCHAIR [] STRETCHER [] BOTH
6. PROOF OF CURRENT INSURANCE SUBMITTED TO EMS OFFICE: [X] YES, DATE: Expires 3/25/26 [] NO

SECTION II: VEHICLES AND STAFFING

- 1. NUMBER OF VEHICLES IN OPERATION:
2. EMPLOYEE ROSTER:

NAME See Attached CURRENT CPR CARD (Y/N)

Provided to EMS Office

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.

Vicki Wells

SIGNATURE OF APPLICANT OR REPRESENTATIVE

January 7, 2026

DATE:

NOTARY SEAL

Jerae A. Blanton

NOTARY SIGNATURE

