



RECEIVED

RENEWAL PARATRANSIT SERVICES:

DATE: 3/10/25  
INITIALS: [Signature]

APPLICATION FOR LICENSE

APPLICATION DATE: 3/03/2025

SECTION I: GENERAL INFORMATION

1. NAME OF SERVICE: TOP CHOICE MEDICAL TRANSPORT, LLC
2. BUSINESS ADDRESS (INCLUDE COUNTY): 773 S. KIRKMAN RD, ORLANDO, FL 32811  
- ORANGE COUNTY
3. CONTACT INFORMATION: Name: MARLYN BONZIL-FUSTE  
Business Phone: 407-233-4421  
Mobile Phone: 407-782-7169  
Email: MJB TC MEDICAL TRANSPORT.COM
4. OWNERSHIP TYPE: ☒ PRIVATE CORPORATION ☐ GOVERNMENT AGENCY ☐ OTHER  
a. If other, please describe: \_\_\_\_\_
5. LEVEL OF SERVICE: ☐ WHEELCHAIR ☐ STRETCHER ☒ BOTH
6. PROOF OF CURRENT INSURANCE SUBMITTED TO EMS OFFICE:  
☒ YES, DATE: Expires 11/20/2025 ☐ NO

SECTION II: VEHICLES AND STAFFING

1. NUMBER OF VEHICLES IN OPERATION: 5
2. EMPLOYEE ROSTER:

NAME

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.

  
SIGNATURE OF APPLICANT OR REPRESENTATIVE

3/3/2025  
DATE:

NOTARY SEAL  
  
NOTARY SIGNATURE

