

Interoffice Memorandum

AGENDA ITEM

August 25, 2023

TO:

Mayor Jerry L. Demings

-AND-

County Commissioners

THRU:

Raul Pino, MD, MPH, Director

Health Services Department

FROM:

Christian C. Zuver, M.D., Medical Director

EMS Office of the Medical Director

Contact: (407) 836-7611

SUBJECT:

Paratransit Services License

Renewal for Medical Transport Solutions, Inc. Consent Agenda – September 12, 2023

The EMS Office of the Medical Director requests approval and execution of the Paratransit Services License for Medical Transport Solutions, Inc. Medical Transport Solutions, Inc. has submitted the attached renewal application requesting approval of a Paratransit Services License to provide wheelchair/stretcher service within Orange County.

The EMS Office of the Medical Director has determined that all requirements have been met by Medical Transport Solutions, Inc. as contained in Orange County Ordinance 2001-09. All interested and appropriate persons have been notified of this renewal application.

ACTION REQUESTED:

Approval and execution of the renewal Paratransit Services License for Medical Transport Solutions, Inc. to provide wheelchair/stretcher service. The term of this license shall be from September 12, 2023 and will terminate on September 11, 2025. There is no cost to the

County. (EMS Office of the Medical Director)

CCZ/jj

Attachments



RENEWAL PARATRANSIT SERVICES:

APPLICATION FOR LICENSE



APPLICATION DATE: 02/17/2023

ECTION I: GENERA	AL INFORMATION
------------------	-----------------------

1.	NAME	OF SERVICE:	Medical Transport	Solutions.	INC.

_					
2.	BUSINESS ADDRESS	(INCLUDE COUNTY)	: 2300 W 84TH ST	Suite 100. Hialeah	. FL 33016

	(,	,	
3.	CONTACT INFORMATION:	Name: Daviel Ma	rrero	
		Business Phone:	954-888-8682	
		Mobile Phone:	786-463-2510	
		Email: Daviel.ma	arrero@mtsangels.com	
4.	OWNERSHIP TYPE: PRIVA	TE CORPORATION	☐GOVERNMENT AGENCY	OTHER
	a. If other, please descr	ribe:		

- 5. LEVEL OF SERVICE: ☑WHEELCHAIR ☐STRETCHER ☐BOTH
- 6. PROOF OF CURRENT INSURANCE SUBMITTED TO EMS OFFICE:

 \square YES, DATE: Expires 01/2024 \square NO

SECTION II: VEHICLES AND STAFFING

- 1. NUMBER OF VEHICLES IN OPERATION: 4
- 2. EMPLOYEE ROSTER: See Attached

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.

Davisl Marrero

SIGNATURE OF APPLICANT OR REPRESENTATIVE

02/20/2023

02/20/2023

DATE:

NOTARY SEAL

NOTARY SIGNATURE

HUGO S. DIAZ MENDEZ
Commission # HH 129492
Expires May 13, 2025
Bonded Thru Budget Notary Services



Orange County
Board of County Commissioners
Emergency Medical Services

s complied wit	th the Orange County Code	2001-09	and Rules and Regulations
ablished by th	e Board of County Commissio	ners and is authorized to o	operate a Paratransit Service in
ange County.			
te of Issue:	September 12, 2023	Date of Expiration:	September 11, 2025
			COUNTYCOLOR
		Bursw. E	Burk Sta
		An Mayor, Board of Co	
			34 113
			COUNTY