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ORANGE COUNTY, FLORIDA
EMS OFFICE OF THE MEDICAL DIRECTOR
RENEWAL APPLICATION
FOR
CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

DATE: 9/6/24
INITIALS: [Signature]

Level of Service

- BLS Non Transport
- ALS Non Transport
- Prehospital Air Ambulance
- BLS Transport
- ALS Transport
- Prehospital Interfacility Air Ambulance
- BLS Interfacility Transport
- ALS Interfacility Transport

EXPIRATION DATE January 1, 2025

SUBMISSION DATE 09/06/2024

1. NAME OF SERVICE AdventHealth Flight 1
2. BUSINESS ADDRESS (STREET) 601 E Rollins Street, MB#161 CITY Orlando
COUNTY Orange STATE FL ZIP CODE 32803
3. PHONE NUMBER 407-303-5645 FAX _____ 24 Hour Number 407-303-1610
E-Mail address Margot.Ververis@adventhealth.com
Manager's Name Margot Ververis Title Sr. Manager

NOTE: (IF THERE ARE ANY CHANGES TO BE MADE TO YOUR PREVIOUS APPLICATION, PLEASE LIST BY NUMBER IN THE SPACE PROVIDED BELOW. (Use separate sheet if necessary). COMPLETE PERSONNEL AND VEHICLE ROSTER ATTACHMENTS, IF THERE ARE ANY CHANGES). If None State "None".

See attachments.

TO THE BEST OF MY KNOWLEDGE, ALL STATEMENTS ON THIS APPLICATION ARE TRUE AND CORRECT AND THERE ARE NO OTHER CHANGES TO BE MADE TO THE ORIGINAL APPLICATION.

Margot Verwer
SIGNATURE

9/4/2024
DATE:

NOTARY SEAL
Chandra Lekha Sukhoo
NOTARY SIGNATURE

