File #: 26-0682, **Version:** 1

Interoffice Memorandum

DATE: May 22, 2026

TO: Mayor Jerry L. Demings and County Commissioners

THROUGH: Raul Pino, M.D., M.P.H, Director of Health Services

FROM: Christian Zuver, M.D., Medical Director

CONTACT: Sandra Roe

PHONE: 407-836-7611

DIVISION: EMS, Office of the Medical Director

ACTION REQUESTED:
Approval and execution of the Paratransit Services License for Truebridge Medical Transit LLC to provide wheelchair/stretcher service. The term of this license shall be from June 16, 2026 and terminate on June 15, 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 Truebridge Medical Transit LLC. Truebridge Medical Transit LLC has submitted an application for an Alternative Transportation Service/Paratransit license to provide wheelchair/stretcher service within Orange County. The EMS Office of the Medical Director has determined that Truebridge Medical Transit LLC has met the prerequisites for licensure as an alternative transportation service in accordance with Section 20-132 of the Orange County Code. Public notice of this application has been posted and EMS has not received any objections.

BUDGET: N/A

License

Paratransit Services

Orange County
Board of County Commissioners
Emergency Medical Services

This is to certify that **Truebridge Medical Transit LLC** 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: **June 16, 2026** Date of Expiration: **June 15, 2028**

Byrum. Brooks
for Mayor, Board of County Commissioners

BOARD OF COUNTY COMMISSIONERS · ORANGE COUNTY FLORIDA

ORANGE COUNTY GOVERNMENT FLORIDA

PARATRANSIT SERVICES:

APPLICATION FOR LICENSE

RECEIVED
DATE: 4/14/26
INITIALS:

APPLICATION DATE: 04/13/2026

PROPOSED DATE OPERATIONS WILL BEGIN: 07/13/2026

SECTION I: GENERAL INFORMATION

1. **NAME OF SERVICE:** Truebridge Medical Transit LLC
2. **BUSINESS ADDRESS (INCLUDE COUNTY):**

   1033 Nana Avenue Orlando,FL,32809 Orange County
3. **CONTACT INFORMATION:** **Business Phone** (407) 241-9298

   Mobile Phone (407) 241-9298

   Email truebridgemt@gmail.com
4. **OWNERSHIP TYPE:** ☑PRIVATE CORPORATION ☐GOVERNMENT AGENCY ☐OTHER

   a. **If other, please describe:** _____
5. **CORPORATE OFFICERS AND DIRECTORS:**

NAME	ADDRESS	POSITION
Oscar J. Sieres Cancio	1033 Nana Ave,Orlando,Florida Zip 32809	Owner

6. **LEVEL OF SERVICE:** ☑WHEELCHAIR ☐STRETCHER ☐BOTH
7. **COMMUNICATIONS EQUIPMENT:** ☑TELEPHONE ☐TWO-WAY RADIO ☐OTHER

   a. **If other, please describe:** _____

SECTION II: REQUISITES TO OBTAINING LICENSE

1. **PAYMENT OF ALL APPLICABLE FEES:**

   ☐ **YES, DATE:** _____ ☐ **NO**

2. **VEHICLE INSPECTION COMPLETED BY EMS OFFICE:**

   ☐ **YES, DATE:** _____ ☐ **NO**

3. **REFERENCES/LETTERS OF SUPPORT SUBMITTED TO EMS OFFICE (Attachment I):**

   ☐ **Verifiable business or work references for 5 years, including one notarized letter of reference**

   ☐ **Five verifiable personal/business references, including two notarized letters of reference**

   ☐ **Five verifiable credit references, including two notarized letters of reference**

4. **CURRENT NOTARIZED FINANCIAL STATEMENT SUBMITTED TO EMS OFFICE:**

   ☐ **YES, DATE:** _____ ☐**NO**

   Example: Current letter from bank verifying business account status (no account numbers please).

5. **PROOF OF INSURANCE SUBMITTED TO EMS OFFICE:**

   ☐ **YES, DATE:** _____ ☐**NO**

SECTION III: VEHICLES AND STAFFING

1. **NUMBER OF VEHICLES IN OPERATION:** 1

2. **EMPLOYEE ROSTER:**

NAME	CURRENT CPR CARD (Y/N)
Oscar J. Sieres Cancio	Yes

ATTACHMENT I: REFERENCES

1. **List previous business experiences or work history for last five years. Submission of one notarized letter of reference from list below is required.**

Quality Cable Contractors INC 2008-Present
President: George Del Rio
Telephone: (407)-246-0606
Fax: 407-482-5442

2. **List five personal or business references. Submission of two notarized letters of reference from list below is required.**

NAME	ADDRESS	PHONE
Carlos Del Rosario Mesa	9342 Raven Dell,Orlando,FL,32825	(787) 568-5184
Nomar Conde	129 Grace Blvd,Altamonte Spring,32714	(407) 922-8947
Kate Dedivitis	14600 Traders Path,Orlando,FL,32837	(407) 967-6954
Yanet Del Rosario	1033 Nana Avenue,Orlando,FL,32809	(407) 241-9698
Kirenia Torres	9342 Raven Dell,Orlando,32825	(787) 568-4365

3. **List five credit references. Submission of two notarized letters of reference from list below is required.**

NAME	ADDRESS	PHONE
State Farm Company	EMVLCLLCLoanServicesPOBox596,Madison,WI,53705	(866) 207-9079
Penny Mac Loan Services LLC	PO Box 514387 Los Angeles,California,90051-4387	(800) 777-4001
Home Depot Credit Card	PO Box 70600 Philadelphia,PA,19176-0600	(800) 950-5114
Lowes Synchrony Bank	777 Long Ridge Rd,Stanford Ct,06902	(800) 444-1408
BestBuy City Bank	PO Box 70601 Philadelphia,PA,19176-0601	(800) 365-0292

ORANGE COUNTY GOVERNMENT
FLORIDA

PARATRANSIT SERVICES:

APPLICATION FOR LICENSE

STATE OF Florida

COUNTY OF orange

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.

Oscar j. Sieres Cancio

SIGNATURE OF APPLICANT OR REPRESENTATIVE

04/13/2026 / 04 / 13 / 2026

DATE

NOTARY SEAL

STATE OF FLORIDA
COUNTY OF orange
The foregoing instrument was acknowledged before me by means of
☒ Physical Presence, OR ☐ Online Notarization, this 13 day of
April, 2026, by Oscar J. Sieres Cancio
Name of Person Acknowledging
who is personally known to me or who has produced F.L. D.L.
Type of Identification
as identification.

Signature of Notary Official

Andrew Taylor Elliott
Printed, Typed or Stamped Name of Notary Official

ANDREW TAYLOR ELLIOTT
Notary Public - State of Florida
Commission # HH 668420
My Comm. Expires Apr 23, 2029

State of Florida County of orange
Sworn to (or affirmed) and subscribed before me by means
of ☒ Physical Presence. – OR – ☐ Online Notarization,
this 13 (Date) day of April (Month), 2026 (Year),
by Oscar J. Sieres Cancio (Name of Affiant).
(Seal)
Signature of Notary Public - State of Florida
Name of Notary Public Andrew Taylor Elliott
Personally Known X OR Produced Identification X
Type of Identification Produced F.L. D.L.

ANDREW TAYLOR ELLIOTT
Notary Public, State of Florida
Commission No. HH 668420
My Comm. Exp. 4/23/2029

NOTARY SIGNATURE