



Interoffice Memorandum

AGENDA ITEM

November 9, 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

Two handwritten signatures in black ink. The first signature is a stylized 'R' for Raul Pino. The second signature is a cursive signature for Christian C. Zuver.

SUBJECT: Paratransit Services License
Blessings Angel Transportation LLC
Consent Agenda – November 28, 2023

The EMS Office of the Medical Director requests approval and execution of the Paratransit Services License for Blessings Angel Transportation LLC. Blessings Angel Transportation LLC has submitted an application for an Alternative Transportation Service/Paratransit license to provide wheelchair/stretchers service within Orange County. The EMS Office of the Medical Director has determined that Blessings Angel Transportation 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.

ACTION REQUESTED: Approval and execution of the Paratransit Services License for Blessings Angel Transportation LLC to provide wheelchair/stretchers service. The term of this license shall be from November 28, 2023 and terminate on November 27, 2025. There is no cost to the County.
(EMS Office of the Medical Director)

CCZ/jj

Attachments

License

Paratransit Services

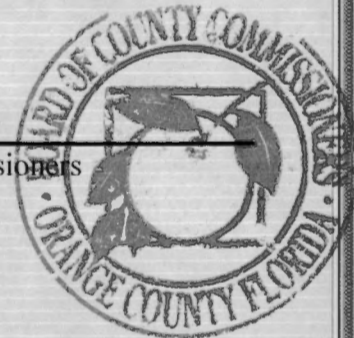
Orange County
Board of County Commissioners
Emergency Medical Services

This is to certify that BLESSINGS ANGEL TRANSPORTATION 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: November 28, 2023

Date of Expiration: November 27, 2025

Bryan W. Brooks
For Mayor, Board of County Commissioners





PARATRANSIT SERVICES:
APPLICATION FOR LICENSE

RECEIVED

DATE: 8/9/23

INITIALS: [Signature]

APPLICATION DATE: 7/19/2023

PROPOSED DATE OPERATIONS WILL BEGIN: _____

SECTION I: GENERAL INFORMATION

1. NAME OF SERVICE: ~~NEMT~~ Blessings Angel Transportation

2. BUSINESS ADDRESS (INCLUDE COUNTY):
901 Brynmar Estates Blvd LLC
Ocoee FL 34761

3. CONTACT INFORMATION: Business Phone 407 401 1353

Mobile Phone _____

Email Gelyne11@gmail.com

4. OWNERSHIP TYPE: PRIVATE CORPORATION GOVERNMENT AGENCY OTHER

a. If other, please describe: _____

5. CORPORATE OFFICERS AND DIRECTORS:

NAME	ADDRESS	POSITION
Gelyne Jean some		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

PAYMENT OF ALL APPLICABLE FEES:

YES, DATE: 7/27/23 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: 7/27/23 NO

SECTION III: VEHICLES AND STAFFING

1. NUMBER OF VEHICLES IN OPERATION: 1

2. EMPLOYEE ROSTER:

NAME	CURRENT CPR CARD (Y/N)
Ceryne Jean	

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.

Blessing Family Care	407 250 0950
Rio Pinar Health Care	407 658 2046
nurse staffing	407 599 5600 - 1888-575 7311
Quality Allied Health institute	407 236 6954
Guardian Care Nursing	407 295 5371

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

NAME	ADDRESS	PHONE
Phacendy Dessen	5001 Waterwheel Court 34761	407 490 5163
Samanta, Guerin	1838 Florence Vista Blvd 33818	617 838 4214
Luce Castar	5803 Citrus Village Blvd W.G. 34787	407 222 6501
Bernadette Telcius	140 East Cleveland St Apopka FL 32703	407 244 6655
Wildine Paul	3032 Hammer Smith Rd orl. FL 32818	407 350 0580


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

NAME	ADDRESS	PHONE
MR Cooper	8950 Cypress Waters Blvd ^{FL} 75019	833 685 2580
loan care	3637 Santara way Virginia 23452	1800-274-6600
chase	1784 E Silver Star Rd Ocoee	407 822 0742
toyota of orlando	3575 Vineland Rd orlando FL 32811	407 298 4500
Winter Haven Honda	6395 Cypress Gardens Blvd winter Haven FL 33884	863 528 2400

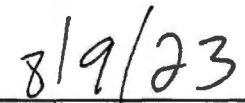


PARATRANSIT SERVICES:
APPLICATION FOR LICENSE

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.

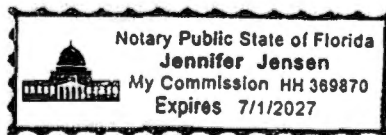


SIGNATURE OF APPLICANT OR REPRESENTATIVE



DATE

NOTARY SEAL





NOTARY SIGNATURE