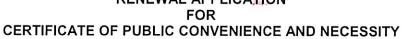


RECEIVED

ORANGE COUNTY, FLORIDA EMS OFFICE OF THE MEDICAL DIRECTO NITIALS: RENEWAL APPLICATION



Level of Service

BLS Non Transport	ALS Non Transport	Prehospital Air A	mbulance
BLS Transport	ALS Transport	Prehospital Inter	acility Air Ambulance
BLS Interfacility Transport ALS Interfacility Transport			
EXPIRATION DATE	12/11/2025		
SUBMISSION DATE	09/24/2025		
1. NAME OF SERVICE First 2 Aid EMS Inc, dba Trident EMS			
2. BUSINESS ADDRI	ESS (STREET) 6220 Hazeltine	e National Dr. cı	ry Orlando
	STATE_FL		
3. PHONE NUMBER 407-777-4322 FAX 407-818-1628 24 Hour Number 407-777-4322			
E-Mail address Sanjay.Parekh@tridentems.com			
	Sanjay Parekh	_ _{Title} CEO	
NOTE: (IE THERE AR	E ANY CHANGES TO BE MAD		APPLICATION PLEASE
LIST BY NUM COMPLETE P	BER IN THE SPACE PROVIDE ERSONNEL AND VEHICLE RC None State "None".	D BELOW. (Use separate	sheet if necessary).
Employee Roster-Att	ached		

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.

SIGNATURE

DATE:

NOTARY SEAL

NOTARY SIGNATURE



JOSUE ORTIZ FONSECA Notary Public State of Florida Comm# HH321773 Expires 10/13/2026

2025