



Legislation Text

File #: 26-0437, **Version:** 1

Interoffice Memorandum

DATE: March 27, 2026

TO: Mayor Jerry L. Demings and County Commissioners

THROUGH: Raul Pino, MD, MPH, Director

FROM: Christian Zuver, MD, 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 Small Steps PPEC Corp. to provide wheelchair/stretchers service. The term of this license shall be from April 21, 2026 and terminate on April 20, 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 Small Steps PPEC Corp. Small Steps PPEC Corp. 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 Small Steps PPEC Corp. 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 Small Steps PPEC Corp.
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: April 21, 2026

Date of Expiration: April 20, 2028

Byron W. Brooks
Mayor, Board of County Commissioners





**PARATRANSIT SERVICES:
APPLICATION FOR LICENSE**

RECEIVED

DATE: 12/12/25
INITIALS: [Signature]

APPLICATION DATE: 12/03/2025

PROPOSED DATE OPERATIONS WILL BEGIN: 12/22/2025

SECTION I: GENERAL INFORMATION

1. NAME OF SERVICE: Small Steps PPEC Corp.

2. BUSINESS ADDRESS (INCLUDE COUNTY):

8734 Lee Vista Blvd, Suite 400
Orlando, Orange County, FL 32829

3. CONTACT INFORMATION: Business Phone (407) 982-3000

Mobile Phone (407) 982-3000

Email contact@smallstepsppec.com

4. OWNERSHIP TYPE: PRIVATE CORPORATION GOVERNMENT AGENCY OTHER

a. If other, please describe: N/A

5. CORPORATE OFFICERS AND DIRECTORS:

<u>NAME</u>	<u>ADDRESS</u>	<u>POSITION</u>
<u>Nathaniel Carret</u>	<u>8734 Lee Vista Blvd #400, Orlando</u>	<u>Owner/Financial Officer</u>

6. LEVEL OF SERVICE: WHEELCHAIR STRETCHER BOTH

7. COMMUNICATIONS EQUIPMENT: TELEPHONE TWO-WAY RADIO OTHER

a. If other, please describe: N/A

SECTION II: REQUISITES TO OBTAINING LICENSE

RECEIVED

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:

<u>NAME</u>	<u>CURRENT CPR CARD (Y/N)</u>
Nathaniel Carret	Y
Dillon Miranda	Y

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.

Mold & Mitigation of Orlando, LLC

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

NAME	ADDRESS	PHONE
Happy Kids PPEC/Lazaro Carrero	4756 NW 167 Street, Miami Gardens, FL 33014	(407) 801-2000
Cristina Oliveras, RN	620 Cresting Oak Cir, Orlando, FL 32824	(407) 694-5556
Bhumi Upadhyay, MD	4419 Bayshore Blvd NE, St. Petersburg, FL 33703	(727) 479-5559
Mariam Lau	9025 Notchwood Ct, Orlando, FL 32825	(407) 235-0068
Aleida Rivera	11525 Blackmoor Dr, Orlando, FL 32837	(407) 242-6780

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

NAME	ADDRESS	PHONE
Michael Voss	1918 Woodward St, Orlando, FL 32803	(469) 887-0544
JP Morgan Chase, N.A.	14105 Lake Nona Blvd, Orlando, FL 32824	(407) 241-3830
Red Bag, LLC	P.O. Box 951, Gotha, FL 34734	(407) 808-3821
Orange County Utilities	9150 Curry Ford Rd, Orlando, FL 32825	(407) 836-5515
Spectrum Business	4145 S Falkenburg Rd, Riverview, FL 33578	(855) 222-0102



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.

[Handwritten Signature]

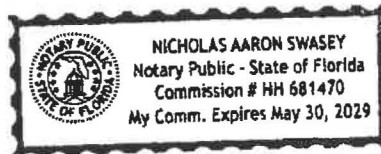
SIGNATURE OF APPLICANT OR REPRESENTATIVE

12/04/2025

DATE

12/4/2025

NOTARY SEAL



[Handwritten Signature]

NOTARY SIGNATURE