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PARATRANSIT SERVICES: DATE: 5/3/2024
INITIALS: [Signature]

APPLICATION FOR LICENSE

APPLICATION DATE: 05/02/2024

PROPOSED DATE OPERATIONS WILL BEGIN: 06/01/2024

SECTION I: GENERAL INFORMATION

1. NAME OF SERVICE: Mediflex Transportation Services, LLC

2. BUSINESS ADDRESS (INCLUDE COUNTY):

17312 Summer Sun Court, Lake County
Clermont, FL., 34711

3. CONTACT INFORMATION: Business Phone (407) 401-5991

Mobile Phone (203) 807-2125

Email mftinfo@mediflextransport.com

4. OWNERSHIP TYPE: PRIVATE CORPORATION GOVERNMENT AGENCY OTHER

a. If other, please describe: LLC

5. CORPORATE OFFICERS AND DIRECTORS:

<u>NAME</u>	<u>ADDRESS</u>	<u>POSITION</u>
Cassandra Harvey	17312 Summer Sun Court Clermont, FL., 34711	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:

<u>NAME</u>	<u>CURRENT CPR CARD (Y/N)</u>
Cassandra Harvey	Y
Daran Bucknor	N
Jordane White	N

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.**

Licensed Practical Nurse 2009
Encompass Health and Rehabilitation Hospital, Clermont, FL...July, 2023 - Present
Southlake Hosp., Clermont FL., February 2023 - July 2023
November 2022 - January 2023...Unemployed
Recovery Network of Programs, Center for Human Services, Stratford, CT...April 2018 - November 2022

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

NAME	ADDRESS	PHONE
SMS Tax and Accounting	2810 E. Oakland Park Blvd, Ft. Lauderdale, FL 33306	(954) 306-3785
Marcella Campbell	7016 NW 49th St, Lauderhill, FL 33319	(954) 892-4276
Gamal Alexander	12704 Center Park Way, Upper Marlboro, MD 20772	(917) 399-8125
Ms. Yvonne Lindsay	7319 Ednitas Way, Orlando, FL 32818	(407) 485-1119
Joy White	7413 High Lake Dr, Orlando FL 32818	(321) 593-2466

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

NAME	ADDRESS	PHONE
y of Our Lady of Mercy, Laura	200 High Street, Milford, Ct. 06460	(203) 877-2786
Infiniti Financial Services	Dallas, Tx 75266	(866) 456-4124
Chase Bank	16705 State Road 50, Clermont, FI 34711	(407) 654-8368
T-Mobile	Albuquerque, NM 87176	(855) 549-0023
SMS Tax & Accounting	2810 E. Oakland Park Blvd. Ft. Lauderdale FI 33306	(954) 306-3785



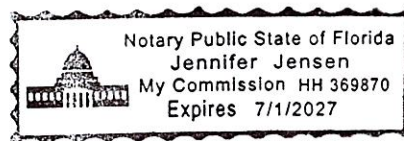
PARATRANSIT SERVICES:
APPLICATION FOR LICENSE

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

Driver's License