



RENEWAL PARATRANSIT SERVICES:

RECEIVED

APPLICATION FOR LICENSE

DATE: 7/3/25

INITIALS: [Signature]

APPLICATION DATE:

SECTION I: GENERAL INFORMATION

1. NAME OF SERVICE: DDD Enterprises Corporation D/B/A
2. BUSINESS ADDRESS (INCLUDE COUNTY): Care Medical Transportation
6220 S Orange blossom trl,
Ste 601, Orlando, FL 32805
3. CONTACT INFORMATION: Name: Dorothy Dessom

Business Phone: 561-871-4791

Mobile Phone: 407-489-7279

Email: Care.medicaltransit@gmail.com

4. OWNERSHIP TYPE: ☒ PRIVATE CORPORATION ☐ GOVERNMENT AGENCY ☐ OTHER

a. If other, please describe: _____

5. LEVEL OF SERVICE: ☐ WHEELCHAIR ☐ STRETCHER ☒ BOTH

6. PROOF OF CURRENT INSURANCE SUBMITTED TO EMS OFFICE:

☒ YES, DATE: Expires 09/20/25 ☐ NO

SECTION II: VEHICLES AND STAFFING

1. NUMBER OF VEHICLES IN OPERATION: 3

2. EMPLOYEE ROSTER: Attached

NAME

CURRENT CPR CARD (Y/N)

Provided to EMS Office

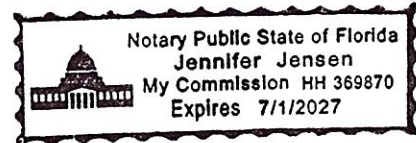
I, the undersigned representative of the service named in this application, do

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.

Dany Derra
SIGNATURE OF APPLICANT OR REPRESENTATIVE

7/3/2025
DATE:



NOTARY SEAL

Jennifer Jensen
NOTARY SIGNATURE

✓ Driver's License