



# Orange County Government

Orange County  
Administration Center  
201 S Rosalind Ave.  
Orlando, FL 32802-1393

## Legislation Text

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**File #:** 25-578, **Version:** 1

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### Interoffice Memorandum

**DATE:** March 28, 2025

**TO:** Mayor Jerry L. Demings and County Commissioners

**THROUGH:** Raul Pino, Director, M.D., MPH

**FROM:** Christian Zuver, M.D., Medical Director

**CONTACT:** Sandra D. Roe

**PHONE:** 407-836-7611

**DIVISION:** EMS, Office of the Medical Director

**ACTION REQUESTED:**

Approval and execution of the renewal Paratransit Services License for Top Choice Medical Transport, LLC to provide wheelchair/stretchers service. The term of this license shall be from April 22, 2025, and will terminate on April 21, 2027. 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 Top Choice Medical Transport, LLC. Top Choice Medical Transport, LLC has submitted the attached renewal application requesting approval of a Paratransit Services License to provide wheelchair/stretchers service within Orange County. The EMS Office of the Medical Director has determined that all requirements have been met by Top Choice Medical Transport, LLC as contained in Orange County Ordinance 2001-09. All interested and appropriate persons have been notified of this renewal application.

**BUDGET:** N/A

# License

## Paratransit Services

Orange County  
Board of County Commissioners  
Emergency Medical Services

This is to certify that Top Choice Medical Transport, 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: April 22, 2025

Date of Expiration: April 21, 2027



*Byron W. Brooks*  
Mayor, Board of County Commissioners

GOVERNMENT  
FLORIDA



RECEIVED

RENEWAL PARATRANSIT SERVICES:

APPLICATION FOR LICENSE

DATE: 3/10/25  
INITIALS: [Signature]

APPLICATION DATE: 3/03/2025

SECTION I: GENERAL INFORMATION

1. NAME OF SERVICE: TOP CHOICE MEDICAL TRANSPORT, LLC
2. BUSINESS ADDRESS (INCLUDE COUNTY): 773 S. KIRKMAN RD, ORLANDO, FL 32811  
- ORANGE COUNTY
3. CONTACT INFORMATION: Name: MARLYN BONZIL-JUSTE  
Business Phone: 407-233-4421  
Mobile Phone: 407-782-7169  
Email: MJB TC MEDICAL TRANSPORT.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 11/20/2025 ☐ NO

SECTION II: VEHICLES AND STAFFING

1. NUMBER OF VEHICLES IN OPERATION: 5
2. EMPLOYEE ROSTER:

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.

  
\_\_\_\_\_  
SIGNATURE OF APPLICANT OR REPRESENTATIVE

3/3/2025  
\_\_\_\_\_  
DATE:

NOTARY SEAL  
  
\_\_\_\_\_  
NOTARY SIGNATURE

