



RECEIVED

PARATRANSIT SERVICES:

DATE: 12/29/25

APPLICATION FOR LICENSE

INITIALS: [Signature] via regular mail

APPLICATION DATE: 12/23/2025

PROPOSED DATE OPERATIONS WILL BEGIN: 02/02/2026

SECTION I: GENERAL INFORMATION

1. NAME OF SERVICE: Metropolitan Healthcare Services, Inc.

2. BUSINESS ADDRESS (INCLUDE COUNTY):

6126 Medford Drive
Orlando, FL 32808

3. CONTACT INFORMATION: Business Phone (202) 437-6100

Mobile Phone (202) 437-6100

Email klentine@mhs97.com

4. OWNERSHIP TYPE: [X] PRIVATE CORPORATION [ ] GOVERNMENT AGENCY [ ] OTHER

a. If other, please describe: N/A

5. CORPORATE OFFICERS AND DIRECTORS:

Table with 3 columns: NAME, ADDRESS, POSITION. Rows for Kristen Lentine (Owner and CEO) and David Lentine (COO).

6. LEVEL OF SERVICE: [ ] WHEELCHAIR [ ] STRETCHER [X] BOTH

7. COMMUNICATIONS EQUIPMENT: [X] TELEPHONE [ ] TWO-WAY RADIO [ ] OTHER

a. If other, please describe: N/A

**SECTION II: REQUISITES TO OBTAINING LICENSE****1. PAYMENT OF ALL APPLICABLE FEES:**

YES, DATE: 12/23/2025  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:** 2

**2. EMPLOYEE ROSTER:**

<b><u>NAME</u></b>	<b><u>CURRENT CPR CARD (Y/N)</u></b>
Charlie Mercado	Y - AHA BLS Exp: 06/2027
India Exum	Y - AHA BLS Exp: 06/2027
Mario Rafael - Taylor	Y - AHA BLS Exp: 06/2027
Gerardo Reyes	Y - AHA BLS Exp: 06/2027

## 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.**

Patient and Guest Transportation at Inova locations across DMV, Sentara NVMC, Ascension - St. Agnes
Patient and Guest Services at Georgetown University Hospital in Washington, DC
Valet Services at Inova locations across DMV, Sentara NVMC, HCA - Reston, Johns Hopkins Main, St. Agnes
Patient Safety Sitters at Sentara NVMC, Inova locations across DMV
Reception and Guest Services at Greentree Nursing and Rehab

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

NAME	ADDRESS	PHONE
Suzanne Pryor	10120 W Flamingo Rd #4-1004 Las Vegas, NV	(571) 867-7956
Rodney Lee	3312 Chart House Circle Austin, TX	(571) 272-8300
Alan Cohn	N/A	(202) 607-8577
Mike Rowe	N/A	(919) 268-6386
Ileana Perotti	N/A	(703) 424-4128

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

NAME	ADDRESS	PHONE
Relaxed Equipment Leasing	5940 30th Ave South #214 Gulfport, FL 33707	(816) 651-7121
Master's Transportation	14655 Prospect Ave. Kansas City, MO 64146	(846) 373-3495
Cloudbyte Group, LLC	7918 Jones Branch Dr. #400 McLean, VA 22102	(202) 984-0445
Cincinnati Insurance Comp.	6200 S. Gilmore Rd. Fairfield, Ohio 450014	(513) 870-2000
American Express	PO Box 981535 El Paso, TX 79998	(888) 800-8564



**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.

Kristen C. Lentene  
SIGNATURE OF APPLICANT OR REPRESENTATIVE

12-23-25  
DATE

12-23-25  
DATE

NOTARY SEAL  
Louis Fredrick Cataluna  
NOTARY SIGNATURE

County/City of Arlington  
Commonwealth/State of Virginia  
The foregoing instrument was acknowledged  
before me this 23rd day of Dec  
2025, by  
Kristen C. Lentene  
(name of person seeking acknowledgement)  
Louis Fredrick Cataluna  
Notary Public  
My Commission Expires: Sept 30, 2029

LOUIS FREDRICK CATALUNA  
NOTARY PUBLIC  
REG. #00387703  
COMMONWEALTH OF VIRGINIA  
MY COMMISSION EXPIRES SEPTEMBER 30, 2029