

### **Orange County Government**

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

### Legislation Text

File #: 25-579, Version: 1

### **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 Leading Care Transport LLC to provide wheelchair/stretcher service. The term of this license shall be from May 23, 2025, and will terminate on May 22, 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 Leading Care Transport LLC. Leading Care Transport LLC has submitted the attached renewal application requesting approval of a Paratransit Services License to provide wheelchair/stretcher service within Orange County. The EMS Office of the Medical Director has determined that all requirements have been met by Leading Care 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

2001-09	and Rules and Regulations
sioners and is authorized to	operate a Paratransit Service in
Date of Expiration:	May 22, 2027
	CONTY CO.
<u> </u>	7 A COUNTY
Mayor, Board of	County Commissioner
	18/2
77 7 7	
	Date of Expiration:  Mayor, Board of

## RECEIVED



## DATE: 3/21/2025



APPLICATION DATE: 03-20-202 \$ ATTATIASES 1938 NO TRADUSCA SO 39 UTAMBES

CT	ION I: GENERAL INFORMATION
1.	NAME OF SERVICE: LEADING CARE TRANSPORT LLC
2.	BUSINESS ADDRESS (INCLUDE COUNTY): 13055 HEHWG WAY, ORLANDO FL 32825  ORANGE COUNTY  CONTACT INFORMATION: Name: DOVÁN ANDRES RAMIRET VEITE
	Business Phone: 40778833725
	business mone.
	Mobile Phone: Чоそし8833で」
	Email: LEADING CARE TRANSPORTILL @ GRAIL. 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 10-28-2025
	SECTION II: VEHICLES AND STAFFING
1.	NUMBER OF VEHICLES IN OPERATION: 2
2	SHELD HOEL BOLLEON WILL
Z.	EMPLOYEE ROSTER: KAREN DANIELA QUILOGA TANGALITE YES
	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

3/20/25

DATE: 3/20/25

**NOTARY SEAL** 

Kura Lea Mundelein

**NOTARY SIGNATURE** 

KARA LEA MUNDELEIN Notary Public, State of Florida Commission# HH 395917 My comm. expires May 8, 2027