ORANGE COUNTY GOVERNMENT
FLORIDA

RECEIVED
DATE: 5/29/25
INITIALS:

ORANGE COUNTY, FLORIDA
EMS OFFICE OF THE MEDICAL DIRECTOR
RENEWAL APPLICATION
FOR
CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

Level of Service

- ☐ BLS Non Transport
- ☐ ALS Non Transport
- ☐ Prehospital Air Ambulance
- ☐ BLS Transport
- ☐ ALS Transport
- ☐ Prehospital Interfacility Air Ambulance
- ☒ BLS Interfacility Transport
- ☒ ALS Interfacility Transport

EXPIRATION DATE 08/06/2025

SUBMISSION DATE 05/13/2025

1. **NAME OF SERVICE** HCA FLORIDA OSCEOLA HOSPITAL
2. **BUSINESS ADDRESS (STREET)** 700 WEST OAK STREET **CITY** KISSIMMEE
   COUNTY OSCEOLA **STATE** FL **ZIP CODE** 34741
3. **PHONE NUMBER** 407-518-3801 **FAX** _____ **24 Hour Number** 407-518-3801
   E-Mail address John.Suliveras@HCAHealthcare.com
   Manager's Name John Suliveras **Title** EMS Transport Manager

NOTE: (IF THERE ARE ANY CHANGES TO BE MADE TO YOUR PREVIOUS APPLICATION, PLEASE LIST BY NUMBER IN THE SPACE PROVIDED BELOW. (Use separate sheet if necessary). COMPLETE PERSONNEL AND VEHICLE ROSTER ATTACHMENTS, IF THERE ARE ANY CHANGES). If None State "None".

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TO THE BEST OF MY KNOWLEDGE, ALL STATEMENTS ON THIS APPLICATION ARE TRUE AND CORRECT AND THERE ARE NO OTHER CHANGES TO BE MADE TO THE ORIGINAL APPLICATION.

SIGNATURE

DATE: May 15, 2025

LAURENA G. REESE NOTARY PUBLIC MY COMMISSION EXPIRES 9-25-2026 STATE OF FLORIDA COMMISSION NUMBER HH 311259

NOTARY SEAL

NOTARY SIGNATURE Laurena G Reese

Presented to me on this 15th Day of May, 2025 John Silveras, who is personally known to me.

Laurena G Reese