



RECEIVED

DATE: 5/29/25

INITIALS: [Signature]

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

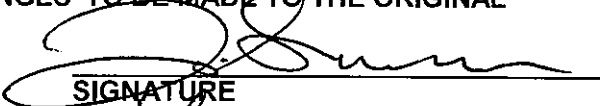
EXPIRATION DATE 08/06/2025

SUBMISSION DATE 05/13/2025

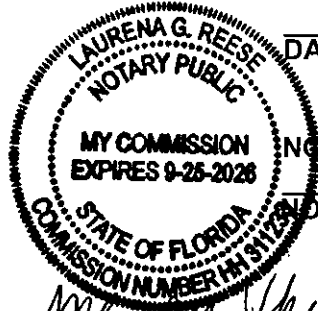
1. NAME OF SERVICE HCA FLORIDA OSCEOLA HOSPITAL
2. BUSINESS ADDRESS (STREET) 700 WEST OAK STREET CITY KISSIMMEE
COUNTY OSCEOLA STATE FL ZIP CODE 34741
3. PHONE NUMBER 407-518-3801 FAX 24 Hour Number 407-518-3801
E-Mail address John.Suliveras@HCAHealthcare.com
Manager's Name John Suliveras Title EMS Transport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

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



NOTARY SEAL

NOTARY SIGNATURE

Laurena G Reese
Presented to me on this 15th day of May, 2025
John Sulmasy, who is personally known
to me -
Laurena G Reese