

Interoffice Memorandum

AGENDA ITEM

achier MD. MPH.

July 7, 2023

TO: Mayor Jerry L. Demings

-AND-

County Commissioners

THRU: Raul Pino, MD, MPH, Director

Health Services Department

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

EMS Office of the Medical Director

Contact: (407) 836-7611

SUBJECT: Paratransit Services License

Renewal for Medical City Transportation, Inc.

Consent Agenda – July 25, 2023

The EMS Office of the Medical Director requests approval and execution of the Paratransit Services License for Medical City Transportation, Inc. Medical City Transportation, Inc. 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 Medical City Transportation, Inc. as contained in Orange County Ordinance 2001-09. All interested and appropriate persons have been notified of this renewal application.

ACTION REQUESTED: Approval and execution of the renewal Paratransit

Services License for Medical City Transportation, Inc. to provide wheelchair/stretcher service. The term of this license shall be from July 25, 2023 and will terminate on July 24, 2025. There is no cost to the County. **(EMS Office**

of the Medical Director)

CCZ/ji

Attachments



RENEWAL PARATRANSIT SERVICES:

APPLICATION FOR LICENSE



DATE: 5/9/23

APPLICATION DATE: 05/04/2023

SEC

| CTION I: GENERAL INFORMATION | | | INITIALS: | |
|-------------------------------|---|---------------------------------|--------------------|--|
| 1. | NAME OF SERVICE: MEDIC | AL CITY TRANSPORTATIO | N, INC | |
| 2. | BUSINESS ADDRESS (INCLUDE COUNTY): 4369 Hunters Park Ln, Orlando, Orange County, FL 32837 | | | |
| 3. | CONTACT INFORMATION: | Name: Henry Nardone | | |
| | | Business Phone: 407 433 2 | 321 | |
| | | Mobile Phone: <u>786 307272</u> | 4 | |
| | | Email: admin@medicalcityt | ransportation.com | |
| 4. | OWNERSHIP TYPE: PRIVA | ATE CORPORATION | MENT AGENCY DOTHER | |
| a. If other, please describe: | | | | |
| 5. | LEVEL OF SERVICE: | ELCHAIR STRETCHER BO | тн | |
| | | | | |

□NO

SECTION II: VEHICLES AND STAFFING

6. PROOF OF CURRENT INSURANCE SUBMITTED TO EMS OFFICE:

1. NUMBER OF VEHICLES IN OPERATION: 2

☑ YES, DATE: Expires 12/31/2023

2. EMPLOYEE ROSTER:

NAME Oslena Cordido

CURRENT CPR CARD (Y/N) Y

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

Henry Nardone

date: 5/4/2023

NOTARY SIGNATURE

the foregoing instrument was acknowledged before me by means of

Kphysical presence or online notarization on this 4th day of 100 23

Cynthia L. Mathis

State of Florida

My Commission Expires 04/07/2024

Commission No. GG 976759



Orange County
Board of County Commissioners
Emergency Medical Services

| I | Emergency Medical Services | |
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| This is to certify that | Medical City Transportation, Inc. | |
| has complied with the Orange | | |
| established by the Board of Cou in Orange County. | mty Commissioners and is authorized to operate a Paratransit Service . | |
| Date of Issue: July 25, 2023 | Date of Expiration: July 24, 2025 | |
| 40-18 (7/14) | Bywww Bwrbs Amayor, Board of County Commissioners | |
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