



APPLICATION FOR CERTIFICATE OF CONVENIENCE AND NECESSITY FOR AMBULANCE AND FIRE/RESCUE SERVICES

APPLICATION DATE: June 25, 2021

PROPOSED DATE OPERATIONS WILL BEGIN: 30 Days after approval

SECTION I: GENERAL INFORMATION

1. NAME OF SERVICE: FIRST 2 AID EMS, INC

2. BUSINESS ADDRESS (INCLUDE COUNTY):
3700 Commerce Blvd. STE 150
Kissimmee, Osceola, FL 34741

3. CONTACT INFORMATION: Business Phone 407-777-4322
 Mobile Phone 407-368-7949
 Email Chris@first2aid.com

4. OWNERSHIP TYPE: ☒ PRIVATE CORPORATION ☐ GOVERNMENT AGENCY ☐ OTHER
 a. If other, please describe: _____

5. LEVEL OF SERVICE: ☒ ALS TRANSPORT ☒ ALS TRANSPORT (INTERFACILITY)
☐ BLS TRANSPORT ☐ BLS TRANSPORT (INTERFACILITY) ☐ ALS NON-TRANSPORT
☐ BLS NON-TRANSPORT ☐ ALS AIR TRANSPORT

6. CORPORATE OFFICERS AND DIRECTORS:

7.

<u>NAME</u>	<u>ADDRESS</u>	<u>POSITION</u>
Brandy Luczywo	1616 S. Tanner Rd. Orlando, FL 32833	President, Owner
Sanjay Parekh	3700 Commerce Blvd Ste 150 Kissimmee, FL 34741	CEO
Christophr Luczywo	1616 S. Tanner Rd. Orlando, FL 32833	COO, Owner

8. DESCRIBE THE PROPOSED GEOGRAPHIC AREA OR AREAS TO BE COVERED BY YOUR SERVICE:

First 2 Aid EMS, Inc operates in Osceola and Seminole Counties serving AdventHealth, Orlando Health, and HCA facilities. Our proposed area would include all of Orange County and the facilities within. We would move our headquarters as well as our training school to the county following COPCN approval. We would then look beyond our current contracts to help fulfill the transportation need with other facilities in the county.

9. STATEMENT OF FACTS SHOWING THE DEMAND OR NEED FOR THE PROPOSED SERVICE:

Currently Orange County is in need of not only an ambulance service to help with interfacility call volume, but also companies wanting to invest in our community. We feel we can provide a solution to both, currently hospitals are experiencing long transport ETAs and there have been reports of delayed responses from private services in responding to 911 call requests within the county and municipalities.

10. STATEMENT SHOWING HOW YOU PLAN TO FILL THE NEED FROM QUESTION 9 (NUMBER AND TYPE OF UNITS, STATION LOCATION, ETC):

First 2 Aid EMS is looking to staff eight type 2 ambulances and two type 3 ambulances within Orange County. Our preferred location for our new headquarters would be in the Lake Nona or Semoran Gateway area. To address the lack of applicants we will offer free EMT and Paramedic courses to applicants through our in-house EMS Academy. Starting wages would be \$37,000 for EMT and \$50,000 for Paramedics.

11. NUMBER OF VEHICLES IN OPERATION: 10 of 24

12. EMPLOYEE ROSTER (please attach extra sheets as needed):

NAME

CURRENT CPR CARD (Y/N)

Please see attached in section 8 of application binder.

SECTION II: REQUISITES TO OBTAINING LICENSE**1. RATE CHART PROVIDED TO EMS OFFICE:**

☒ YES, DATE: 06/25/2021 ☐ NO

2. REFERENCES/LETTERS OF SUPPORT SUBMITTED TO EMS OFFICE (Attachment I):

☒ Business or work references for 5 years, including one letter of reference

☒ Five personal references, including one letter of reference

☒ Five credit references, including one letter of reference

3. BUSINESS AGREEMENT LETTER PROVIDED TO EMS OFFICE (INTERFACILITY ONLY, Attachment V):

☒ YES, DATE: June 25, 2021 ☐ NO

4. ATTESTATION THAT PARAMEDICS ARE STATE CERTIFIED PROVIDED TO EMS OFFICE (ALS ONLY, Attachment IV):

☒ YES, DATE: June 25, 2021 ☐ NO

5. EQUIPMENT LIST PROVIDED TO EMS OFFICE (ALS ONLY, Attachment IV):

☒ YES, DATE: June 25, 2021 ☐ NO

6. FINANCIAL STATEMENT SUBMITTED TO EMS OFFICE:

☒ YES, DATE: June 25, 2021 ☐ NO

Example: Current letter from bank verifying business account status (no account numbers please).

7. PROOF OF INSURANCE SUBMITTED TO EMS OFFICE:

☒ YES, DATE: June 25, 2021 ☐ NO

ATTACHMENT I: REFERENCES

- 1. List previous business experiences or work history for last five years. Submission of at least one letter of reference from list below is required.**

Bay County EMS: We provide 1-2 trucks daily for 911 services in Bay County Florida
AdventHealth Facilities in Osceola & Seminole Counties: Provide IFT ALS/CCT transports
St. Cloud Regional Medical Center: Provide IFT BLS/ALS/CCT transports
Orlando Health Freestanding ER, Osceola County: Provide IFT ALS/CCT transports
Terrace of Kissimmee: Provide IFT and Urgent responses to the facility and their patients.

- 2. List five personal or business references. Submission of at least one letter of reference from list below is required.**

NAME	ADDRESS	PHONE
Sabrina Persuad	4214 Mendenwood Lane Orlando, FL 32833	407-252-1164
Jennifer Schmitt	12301 Lake Underhill Rd. #213 Orlando, FL 32828	407-512-4394
Kip Beacham	Captain at Seminole County Sheriff	407-402-2364
Andrew Cole	12301 Lake Underhill Rd. #245 Orlando, FL 32828	407-277-5951
Alice Collier	Casselberry, FL	407-733-1312

- 3. List five credit references. Submission of at least one letter of reference from list below is required.**

NAME	ADDRESS	PHONE
Zoll Data	269 Mill Rd. Chelmsford, MA 01824	978-421-9655
Zoll Medical	269 Mill Rd. Chelmsford, MA 01824	978-421-9655
Benji Automotive	2779 Old Dixie Hwy, Unit C-D, Kissimmee, FL 34744	407-860-4818
Henry Schein	135 Duryea Rd. Melville, NY 11747	800-472-4346
Signature Emergency Products	1628 Huddell Ave Boothwyn, PA 19061	888-693-9162

- 4. Please supply a current financial statement.**

ATTACHMENT II: COMMUNICATION CAPABILITIES

1. LIST THE ADDRESS AND DESCRIPTIONS OF EACH OF THE LOCATIONS YOU WILL OPERATE FROM, AND THE HOURS OF OPERATION AND STAFFING AT EACH PROPOSED LOCATION:

Currently we have four stations, Kissimmee, St. Cloud, Lakeland, and Panama City.
Upon COPCN Approval we will add an Orange County Headquarters operated 24/7/365

2. LIST ALL HOSPITALS TO WHICH YOU WILL NORMALLY TRANSPORT PATIENTS:

AdventHealth facilities in Osceola and Seminole counties, Orlando Health Facilities,
in Osceola County, Poinciana Medical Center, and Osceola Regional Medical Center,

3. COMMUNICATIONS EQUIPMENT: ☒ TELEPHONE ☒ TWO-WAY RADIO ☐ OTHER

- a. Number of vehicles equipped with two-way radios: 14
- b. Frequency(s): 450
- c. Call numbers: 2601,2602,2604,2606,2608,2609,2610,2611,2612,2614,1701,1702,502,501
- d. Number of vehicles equipped with mobile phones: 14

4. APPROXIMATE DATE FCC RADIO LICENSE WILL BE EFFECTIVE (ATTACH IF CURRENT):

See attached agreement with Florida Mobile Telecom

5. LIST ALL HOSPITALS, SUPERVISING PHYSICIANS, AND OTHER EMERGENCY AGENCIES (POLICE, FIRE, ETC) THAT YOU WILL HAVE DIRECT RADIO CONTACT WITH:

Dr. David Arbona-Calderon (Medical Director), Dr. Kelly Gabbe (Asst Medical Director)
Dr. Paul Pepe (Asst. Medical Director), All hospitals via mobile phone currently

ATTACHMENT III (ALS ONLY): ADVANCED LIFE SUPPORT
CERTIFICATION AND LICENSURE REQUIREMENTS

1. IF LICENSED AMBULANCE SERVICE IN THE STATE OF FLORIDA, PROVIDE CURRENT ALS NUMBER: ALS 10004

2. PROVIDE THE NAME, ADDRESS, PHONE NUMBER AND FLORIDA MEDICAL LICENSE NUMBER OF YOUR MEDICAL DIRECTOR:

David Ismael Arbona-Calderon: ME140626

119 Oakfield Dr. Brandon, FL 33511 407-379-9136

3. DESCRIBE THE STAFFING PATTERNS TO ASSURE COMPLIANCE WITH EMTS, DRIVERS, AND PARAMEDICS:

First 2 Aid EMS utilizes three main shift schedules and we provide 24/7/365 staffing:

8 hour week day shifts

12 hour rotating shifts

24/72 shifts, employees are provided sleeping quarters and access to showers

4. PROVIDE A STATEMENT SIGNED BY THE ALS PROVIDER AND IT'S MEDICAL DIRECTOR ATTESTING TO THE FACT THAT ALL UTILIZED PARAMEDICS ARE CERTIFIED AND AUTHORIZED TO PERFORM ADVANCED LIFE SUPPORT IN THE STATE OF FLORIDA
5. PROVIDE A LIST OF ALL EQUIPMENT AND DRUGS CARRIED IN ADDITION TO THE MINIMUM EQUIPMENT SPECIFIED IN FLORIDA ADMINISTRATIVE CODE 64J-1.003

ATTACHMENT IV (INTERFACILITY ONLY): BUSINESS AGREEMENT – Provide a written business agreement between the applicant and participating facilities

ATTACHMENT V: VEHICLE ROSTER – Provide a roster including make, model, mileage, and all vehicle identification and registration numbers

ATTACHMENT VI: PROOF OF INSURANCE – Provide a copy of vehicle liability insurance

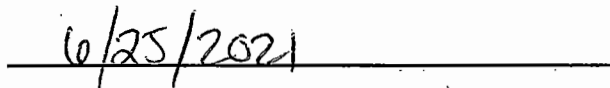
ATTACHMENT VII: RATE CHART – A proposed schedule of rates, fares, and charges (if applicable)

**APPLICATION FOR CERTIFICATE OF CONVENIENCE AND
NECESSITY FOR AMBULANCE AND FIRE RESCUE:**

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 ambulance or fire rescue service in Orange County and the State of Florida. I acknowledge that as provided in Orange County Code of Ordinances Chapter 20, Division 2, Section 20-91, 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



DATE

NOTARY SEAL



London Kauffman
NOTARY PUBLIC
STATE OF FLORIDA
Comm# GG971117
Expires 3/18/2024



NOTARY SIGNATURE

**ORANGE COUNTY, FLORIDA
CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY
for
FIRST 2 AID EMS, INC**

WHEREAS, Section 401.25, Florida Statutes, governs the licensure of entities providing prehospital or interfacility advanced life support ("ALS") services or basic life support ("BLS") transportation services; and

WHEREAS, Section 401.25, Florida Statutes, requires applicants for licensure to obtain a certificate of public convenience and necessity from each county in which the applicant will operate; and

WHEREAS, Section 401.25, Florida Statutes, authorizes the governing body of each county to adopt ordinances that provide reasonable standards for certificates of public convenience and necessity, and requires the consideration of state guidelines, recommendations of the local or regional trauma agency created under Chapter 395, Florida Statutes, and the recommendations of municipalities within its jurisdiction when developing said standards; and

WHEREAS, Chapter 20, Article III, Orange County Code (the "Code"), governs the application for a certificate of public convenience and necessity in Orange County, Florida ("COPCN" or "Certificate") and provides reasonable standards; and

WHEREAS, on August 27, 2021, First 2 Aid EMS, Inc ("First 2 Aid" or "Applicant") submitted its amended application for a COPCN to Orange County's Office of the Medical Director/EMS Division ("EMS") to provide interfacility BLS and ALS transport services within a geographic area that includes all of Orange County and the facilities within Orange County ("Application"); and

WHEREAS, EMS investigated the Application, the public need for the proposed service, and the geographical area involved. EMS notified appropriate providers, cities, and towns of the Application and published notice of the Application in the Orlando Sentinel. EMS recommended that the Orange County Board of County Commissioners ("Board" or "BCC") grant First 2 Aid's Application; and

WHEREAS, the Board has considered the Application, EMS's recommendation, all applicable recommendations from municipalities within Orange County, Florida (the "County"), and all applicable objections. The Board has determined that the Applicant's proposed service, to the extent authorized by this Certificate, is or will be required by the present or future public convenience or necessity. The Board has determined that the Applicant is financially and otherwise able to provide adequate and uninterrupted service as required.

NOW THEREFORE, BE IT RESOLVED BY THE ORANGE COUNTY BOARD OF COUNTY COMMISSIONERS:

Section 1. Recitals. The above recitals are hereby incorporated into this Certificate.

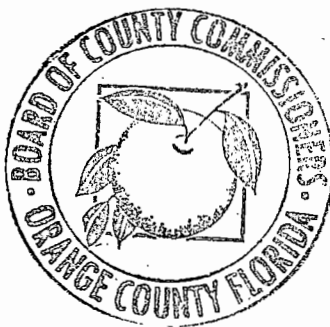
Section 2. Application and Certificate. The Board hereby grants First 2 Aid's Application for permission to provide **interfacility BLS and ALS transport services in Orange County, Florida** in accordance with the terms, conditions, and limitations of this Certificate. The Board hereby issues this Certificate to **First 2 Aid EMS, Inc.** The Board certifies that First 2 Aid's proposed services are for the benefit of the population of the County or the benefit of the population of some geographic area of the County.

Section 3. Term. The "Term" of this Certificate is the period of time during which this Certificate is valid and effective. This Certificate's Term shall be for a two-year period beginning on **December 15, 2021** and expiring on **December 14, 2023**. Notwithstanding the foregoing, the Term may expire earlier if this Certificate is suspended or revoked pursuant to Orange County Code.

Section 4. Indemnification. In consideration of this Certificate, which permits First 2 Aid to provide BLS and ALS interfacility transport services in Orange County, pursuant to Section 20-93, Orange County Code, and to the fullest extent permitted by law, First 2 Aid agrees to defend, indemnify, and hold harmless the County, its officials, agents, and employees from and against any and all claims, suits, judgments, demands, liabilities, damages, cost and expenses (including attorney's fees) of any kind or nature whatsoever arising directly or indirectly out of or caused in whole or in part by any act or omission of First 2 Aid or its subcontractors (if any), anyone directly or indirectly employed by them, or anyone for whose acts any of them may be liable; excepting those acts or omissions arising out of the sole negligence of the County.

Section 5. Compliance with Laws. By accepting this Certificate or providing BLS or ALS interfacility transport services in Orange County pursuant to this Certificate, First 2 Aid agrees to comply with all applicable state and local laws and regulations.

ADOPTED THIS _____ DAY OF NOV 30 2021.



ORANGE COUNTY, FLORIDA

By: Board of County Commissioners

By: *Jerry L. Demings*

JLD Jerry L. Demings
Orange County Mayor

ATTEST: Phil Diamond, CPA, County Comptroller
As Clerk of the Board of County Commissioners

By: *Phil Diamond*
Deputy Clerk

**ORANGE COUNTY BOARD OF COUNTY COMMISSIONERS
EMS OFFICE OF THE MEDICAL DIRECTOR
CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY**

WHEREAS, the FIRST 2 AID EMS, INC has requested authorization to provide
Advanced Life Support and Basic Life Support Transport services to the citizens of Orange County and

WHEREAS, there has been a demonstrated need to provide these essential services to the citizens of Orange County; and,

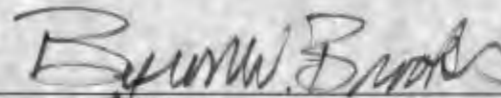
WHEREAS, the above named service affirms that it will maintain compliance with requirements of the State and
County Laws, Ordinances and Rules and Regulations.

THEREFORE, the Board of County Commissioners of Orange County hereby issues a Certificate of Public
Convenience and Necessity to this ALS and BLS Transport service.
(BLS/ALS-transport or ALS non-transport)

Date Issued: December 1, 2021

Date of Expiration: December 1, 2023

Limitations: Interfacility Only



(Mayor, Board of County Commissioners)

