



Interoffice Memorandum

AGENDA ITEM

March 2, 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
Top Choice Medical Transport, LLC
Consent Agenda – March 21, 2023

Two handwritten signatures are present. The first signature, in dark ink, appears to be "Raul Pino" and is written over the "THRU" line. The second signature, in blue ink, appears to be "Christian C. Zuver" and is written over the "FROM" line.

The EMS Office of the Medical Director requests approval and execution of the Paratransit Services License for Top Choice Medical Transport, LLC. Top Choice Medical Transport, LLC has submitted the attached application requesting approval of a Paratransit Services License to provide wheelchair/stretchers service within Orange County.

The EMS Office of the Medical Director has determined that all requirements have been met by Top Choice Medical Transport, LLC as contained in Orange County Ordinance 2001-09. The public notice has been posted for this request and no objection has been received.

ACTION REQUESTED: Approval and execution of the Paratransit Services License for Top Choice Medical Transport, LLC to provide wheelchair/stretchers service. The term of this license shall be from March 21, 2023 and terminate on March 20, 2025. There is no cost to the County. **(EMS Office of the Medical Director)**

CCZ/jj

Attachments

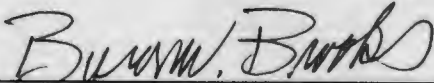
License Paratransit Services

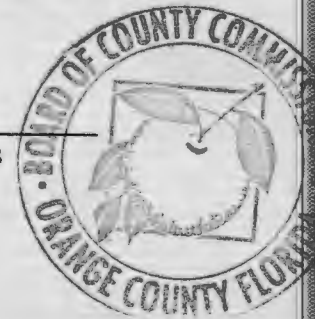
Orange County
Board of County Commissioners
Emergency Medical Services

This is to certify that Top Choice Medical Transport, LLC
has complied with the Orange County Code 2001-9 and Rules and Regulations
established by the Board of County Commissioners and is authorized to operate a Paratransit Service
in Orange County.

Date of Issue: March 21, 2023 Date of Expiration: March 20, 2025

40-18 (7/14)


for Mayor, Board of County Commissioners





PARATRANSIT SERVICES:

APPLICATION FOR LICENSE

APPLICATION DATE: 3/02/2022

PROPOSED DATE OPERATIONS WILL BEGIN: _____

SECTION I: GENERAL INFORMATION

1. NAME OF SERVICE: TOP CHOICE MEDICAL TRANSPORT, LLC
2. BUSINESS ADDRESS (INCLUDE COUNTY):
1003 S. KIRKMAN RD, SUITE 202
ORLANDO, FL 32811 (ORANGE COUNTY)
3. CONTACT INFORMATION: Business Phone 407-233-4421
 Mobile Phone 407-782-7169
 Email INFO@TCMEDICALTRANSPORT.CO
4. OWNERSHIP TYPE: ☒ PRIVATE CORPORATION ☐ GOVERNMENT AGENCY ☐ OTHER
 a. If other, please describe: _____
5. CORPORATE OFFICERS AND DIRECTORS:

NAME	ADDRESS	POSITION
<u>MARLYN HORRATH-JUSTE</u>	<u>3141 FARLAND RD, ORANGE FL</u>	<u>MANAGING</u>
<u>STANLEY JUSTE</u>	<u>3141 FARLAND RD, ORANGE FL</u>	<u>DIRECTOR</u>
6. LEVEL OF SERVICE: ☐ WHEELCHAIR ☐ STRETCHER ☒ BOTH
7. COMMUNICATIONS EQUIPMENT: ☒ TELEPHONE ☐ TWO-WAY RADIO ☒ OTHER
 a. If other, please describe: DISPATCH SOFTWARE (SAMARA)

SECTION II: REQUISITES TO OBTAINING LICENSE**1. PAYMENT OF ALL APPLICABLE FEES:**

☒ YES, DATE: 12/28/22 ☐ NO

2. VEHICLE INSPECTION COMPLETED BY EMS OFFICE:

☐ YES, DATE: _____ ☐ NO

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

- ☒ Verifiable business or work references for 5 years, including one notarized letter of reference
- ☒ Five verifiable personal/business references, including two notarized letters of reference
- ☒ Five verifiable credit references, including two notarized letters of reference

4. CURRENT NOTARIZED FINANCIAL STATEMENT SUBMITTED TO EMS OFFICE:

☒ YES, DATE: _____ ☐ NO

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

5. PROOF OF INSURANCE SUBMITTED TO EMS OFFICE:

☒ YES, DATE: Approved by ☐ NO
Risk 12/28/22

SECTION III: VEHICLES AND STAFFING

1. NUMBER OF VEHICLES IN OPERATION: 5

2. EMPLOYEE ROSTER:

<u>NAME</u>	<u>CURRENT CPR CARD (Y/N)</u>
STANLEY JUSTE	Y
DUDLEY BONZEL	Y
SANSA DANIELS	Y
DAVID SEMERANT	Y
CLEBERT PHILIPPE	Y

ATTACHMENT I: REFERENCES

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

PRESIDENT - GREATER HAITIAN AMERICAN CHAMBER OF COMMERCE
FOUNDER - MJ SOLUTIONS (CONSULTING FIRM)

2. List five personal or business references. Submission of two notarized letters of reference from list below is required.

NAME	ADDRESS	PHONE
✓ DR. SAMUEL JEAN	931 WILKIN SPRINGS LONGWOOD, FL	407 960 6075 / 407.
✓ MARIO BALLANTYNE	3945 ROSE OF SHARON DR DELAND, FL	321-368-7732 592
✓ DEBRA SMITH	2001 ALSTON BAY APOPKA, FL	386-837 9959 607.
✓ JEAN PERILLANT	12657 TRIS LAKE DR DELAND, FL	860-881-0102 (CEL)
✓ ATTORNEY KELMAN HARRELL	5401 S. KIRKMAN RD, 57225 ORLANDO, FL	407-603-6041

3. List five credit references. Submission of two notarized letters of reference from list below is required.

NAME	ADDRESS	PHONE
✓ COLYN CUMBERBATCH	PRINCE PRINCE PLAZA - 12th Bldg, NY	516-710-1393
ALAN ABABON	4675 S. KIRKMAN RD DELAND, FL	407 206 5089
RENU VARDHAN	360 CROWN OAK CENTER DR, LONGWOOD, FL	407 636-3555
ERNEST PAGE	1003 S. KIRKMAN RD, ORLANDO, FL	407 844-5858
TINA REDAOUR	1041 PERDUQUE CROSSING COURT	636-561-0048
✓ TD Bank	SUITE A O'FALLON, MO	EXT. 509

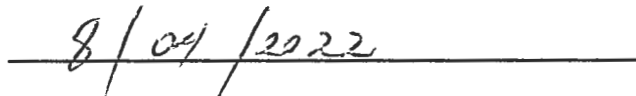


PARATRANSIT SERVICES:
APPLICATION FOR LICENSE

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.

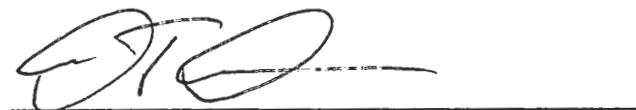


SIGNATURE OF APPLICANT OR REPRESENTATIVE



DATE

NOTARY SEAL



NOTARY SIGNATURE

