



Interoffice Memorandum

AGENDA ITEM

APPROVED BY ORANGE
COUNTY BOARD OF COUNTY
COMMISSIONERS

BCC Mtg. Date: October 4, 2016

September 15, 2016

TO: Mayor Teresa Jacobs
-AND-
Board of County Commissioners

FROM: Christopher Hunter, M.D., Ph.D., Director
Health Services Department
Contact: (407) 836-7611

SUBJECT: Paratransit Services License
BrightStart Pediatrics, LLC
Consent Agenda – October 4, 2016

A handwritten signature in black ink, appearing to be "CH", located to the right of the "FROM" field.

The EMS Office of the Medical Director requests approval and execution of the Paratransit Services License for BrightStart Pediatrics, LLC. BrightStart Pediatrics, 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 BrightStart Pediatrics, 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 BrightStart Pediatrics, LLC to provide wheelchair/stretchers service. The term of this license is from October 1, 2016 through October 1, 2018. There is no cost to the County. **(EMS Office of the Medical Director)**

CH/cf

Attachments

Cc: George Ralls, M.D., Deputy County Administrator



PARATRANSIT SERVICES:
APPLICATION FOR LICENSE

APPLICATION DATE: 8.9.16

PROPOSED DATE OPERATIONS WILL BEGIN: 9.1.16

SECTION I: GENERAL INFORMATION

1. NAME OF SERVICE: Bright Start Pediatrics, LLC

2. BUSINESS ADDRESS (INCLUDE COUNTY):

1335 Winter Garden Vineland Rd, Suite 120
Winter Garden, FL 34787

3. CONTACT INFORMATION: Business Phone 407-545-2773

Mobile Phone 407-461-2312

Email LBROWN@brightstartpeds.com

4. OWNERSHIP TYPE: ☒ PRIVATE CORPORATION ☐ GOVERNMENT AGENCY ☐ OTHER

a. If other, please describe: _____

5. CORPORATE OFFICERS AND DIRECTORS:

<u>NAME</u>	<u>ADDRESS</u>	<u>POSITION</u>
<u>Linda C. Brown</u>	<u>418 E. Miller St, Orlando 32806</u>	<u>President, Secretary</u>
_____	_____	_____
_____	_____	_____

6. LEVEL OF SERVICE: ☒ WHEELCHAIR ☒ STRETCHER ☒ BOTH

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

a. If other, please describe: _____

SECTION II: REQUISITES TO OBTAINING LICENSE**1. PAYMENT OF ALL APPLICABLE FEES:**
☒ YES, DATE: _____ ☐ NO
2. VEHICLE INSPECTION COMPLETED BY EMS OFFICE:
☐ YES, DATE: _____ ☐ NO

If not completed at the time of application, payment of fees and vehicle inspection by the EMS Office must be completed prior to commencing operations. Failure to do so may result in revocation of license.

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 FINANCIAL STATEMENT SUBMITTED TO EMS OFFICE:
☒ YES, DATE: _____ ☐ NO

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

5. PROOF OF INSURANCE SUBMITTED TO EMS OFFICE:
☒ YES, DATE: _____ ☐ NO

If insurance coverage has not been obtained at the time of application the provider must obtain insurance coverage and provide certificates of insurance coverage to the county prior to commencing operations. Failure to do so may result in revocation of license.

SECTION III: VEHICLES AND STAFFING
1. NUMBER OF VEHICLES IN OPERATION: 1
2. EMPLOYEE ROSTER:

<u>NAME</u>	<u>CURRENT CPR CARD (Y/N)</u>
Mark Brescia	Yes
Darkis Perez	YES

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.

Bright Start Pediatrics - 2003- Present

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

NAME	ADDRESS	PHONE
Scott Mulhest	426 E. Miller St; Orlando 32806	404-797-1910
Jim Bassett	34 E. Pine St; Orlando 32801	407-325-4992
Sara Murphy	24 Huntsman Look; Ormond Bch 32174	859-494-5122
Paddy Pfeil	4921 Wansley Dr; Orlando 32812	407-509-1168
Joanne Schneider	1731 Country Cove Cir; Malabar 32950	321-693-9655

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

NAME	ADDRESS	PHONE
Leslie Hurst Friendly Capital	34 E. Pine St; Orlando 32801	917-599-6161
Vinton Bent Airway Management	1051 W. Donagan Ave Kissimmee, FL 34741	407-343-8344
Timm Radet Avancent	1869 Kentucky Ave Winter Park, FL 32789	407-897-8664
Myrna Sanchez Lykes Insurance	280 W. Canton Ave; Suite 240 Winter Park, FL	407-478-4982
Yadira Reinoza A' Reliable Housecleaning	2904 E. Michigan St Orlando, FL 32806	407-719-1695



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

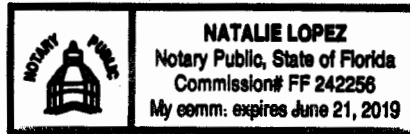


DATE

NOTARY SEAL

Acknowledgment. State of Florida County of orange





NOTARY SIGNATURE

License Paratransit Services

Orange County
Board of County Commissioners
Emergency Medical Services

This is to certify that BRIGHTSTART PEDIATRICS, 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: October 1, 2016

Date of Expiration: October 1, 2018

40-18 (7/14)



Arif Lakhandani

Mayor, Board of County Commissioners