



Interoffice Memorandum

AGENDA ITEM

January 19, 2017

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
Central Med Transportation, LLC
Consent Agenda – February 7, 2017

The EMS Office of the Medical Director requests the approval of the renewal Paratransit Services License for Central Med Transportation, LLC. Central Med Transportation, 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 Central Med Transportation, LLC as contained in Orange County Ordinance 2001-09.

ACTION REQUESTED: Approval and execution of the renewal Paratransit Services License for Central Med Transportation, LLC to provide wheelchair/stretchers service. The term of this License is from February 1, 2017 through February 1, 2019. There is no cost to the County. **(EMS Office of the Medical Director)**

CH/cf

Attachments

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



RENEWAL PARATRANSIT SERVICES:

APPLICATION FOR LICENSE

APPLICATION DATE: 1-9-17

SECTION I: GENERAL INFORMATION

1. NAME OF SERVICE: Central Med Transportation, LLC

2. BUSINESS ADDRESS (INCLUDE COUNTY):

1250 Tallow Rd Apopka FL 32703
Orange County

3. CONTACT INFORMATION: Name Luis E. Correa

Business Phone 407-902-9108

Mobile Phone 407-921-6767

Email cmtransportation18@gmail.com

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

a. If other, please describe: _____

5. LEVEL OF SERVICE: ☒ WHEELCHAIR ☒ STRETCHER ☐ BOTH

6. PROOF OF CURRENT INSURANCE SUBMITTED TO EMS OFFICE:

☒ YES, DATE: _____ ☐ NO

SECTION II: VEHICLES AND STAFFING

1. NUMBER OF VEHICLES IN OPERATION: 3 Vans

2. EMPLOYEE ROSTER:

<u>NAME</u>	<u>CURRENT CPR CARD (Y/N)</u>
Luis E. Correa, Gutie Hernandez, Rafael Figueroa,	
Josue Velazquez, German Gonzalez	

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.

Luis E. Correa

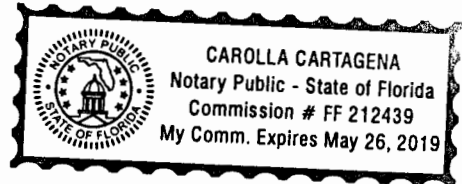
SIGNATURE OF APPLICANT OR REPRESENTATIVE

1-10-17

DATE:

NOTARY SEAL

NOTARY SIGNATURE



Sign and acknowledged before me today
Jan 10th, 2017 by Luis E. Correa.

License Paratransit Services

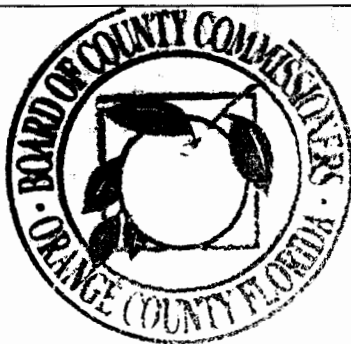
Orange County
Board of County Commissioners
Emergency Medical Services

This is to certify that CENTRAL MED TRANSPORTATION, 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: February 1, 2017

Date of Expiration: February 1, 2019

40-18 (7/14)



[Signature]

Mayor, Board of County Commissioners
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