



## Interoffice Memorandum

## AGENDA ITEM

May 4, 2017

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

FROM: George A. Ralls, M.D., Deputy County Administrator  
County Administrator's Office  
**Contact: (407) 836-5496**

*J. Goodrich  
for*

SUBJECT: Paratransit Services License  
Florida Medical Transport Inc.  
**Consent Agenda – May 23, 2017**

The EMS Office of the Medical Director requests the approval of the renewal Paratransit Services License for Florida Medical Transport Inc. Florida Medical Transport Inc. 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 Florida Medical Transport Inc. as contained in Orange County Ordinance 2001-09.

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

GAR/cf

Attachments

## RENEWAL PARATRANSIT SERVICES:

### APPLICATION FOR LICENSE

APPLICATION DATE: \_\_\_\_\_

5/3/2017

#### SECTION I: GENERAL INFORMATION

1. NAME OF SERVICE: Florida Medical Transport Inc.

2. BUSINESS ADDRESS (INCLUDE COUNTY):

2500 W Lake Mary Blvd Suite 107  
Lake Mary, FL 32746 Seminole County

3. CONTACT INFORMATION: Name Alex Nukhi

Business Phone 407-260-1236

Mobile Phone 416-589-2369

Email alex.m@fmed-transport.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: 01/01/2017

☐ NO

#### SECTION II: VEHICLES AND STAFFING

1. NUMBER OF VEHICLES IN OPERATION: 7

2. EMPLOYEE ROSTER:

<u>NAME</u>	<u>CURRENT CPR CARD (Y/N)</u>

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

5/3/2017  
\_\_\_\_\_  
DATE:

NOTARY SEAL  
  
\_\_\_\_\_  
NOTARY SIGNATURE



# License Paratransit Services

Orange County  
Board of County Commissioners  
Emergency Medical Services

This is to certify that FLORIDA MEDICAL TRANSPORT INC.  
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: June 1, 2017 Date of Expiration: June 1, 2019

40-18 (7/14)

*Arif Dalchanda*  
Mayor, Board of County Commissioners

