

August 29, 2018

- TO: Mayor Teresa Jacobs -AND-Board of County Commissioners
- THRU: John Goodrich, Acting Director 5. 600 (1.1) Health Services Department

FROM: Christian C. Zuver, M.D., Medical Director Health Services Department Contact: (407) 836-7611

SUBJECT: Paratransit Services License BrightStart Pediatrics, LLC **Consent Agenda – September 18, 2018**

The EMS Office of the Medical Director requests the approval of the renewal 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/stretcher 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.

ACTION REQUESTED: Approval and execution of the renewal Paratransit Services License for BrightStart Pediatrics, LLC to provide wheelchair/stretcher service. The term of this license is from October 1, 2018 through October 1, 2020. There is no cost to the County. (EMS Office of the Medical Director)

CCZ/cf

Attachment



RENEWAL PARATRANSIT SERVICES:

APPLICATION FOR LICENSE

APPLICATION DATE:
SECTION I: GENERAL INFORMATION
1. NAME OF SERVICE: Bright Start Pediatrics, LLC
2. BUSINESS ADDRESS (INCLUDE COUNTY):
12377 S. Orange Blossom Tr, Orlando, FL 32837 Orange County 1335 Winter Garden Vineland Rd, Suite 120, Winter Garden, FL
3. CONTACT INFORMATION: Name: Linda Brown Orange Com
Business Phone: <u> # 407 - 545 - 2773</u>
Mobile Phone: 407 - 461 - 2312
Email: LBROWN@BRIGHTSTARTPEDS.COM
4. OWNERSHIP TYPE: DEPRIVATE CORPORATION GOVERNMENT AGENCY OTHER
a. If other, please describe:
5. LEVEL OF SERVICE: DWHEELCHAIR STRETCHER DBOTH
6. PROOF OF CURRENT INSURANCE SUBMITTED TO EMS OFFICE:
YES, DATE: 15-18 DNO

SECTION II: VEHICLES AND STAFFING

1. NUMBER OF VEHICLES IN OPERATION: $\underline{2}$

UNIT # 40252 UNIT # # 47152

2. EMPLOYEE ROSTER:

NAME	CURRENT CPR CARD (Y/N)
ANA RIVERA	VES
ELENA PADILLA	YES
REBECCA VARNEY	YES
JONATHAN PRESLEY	YES
JUN OLIVER	ЧĒS

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 fajsely stated are subject to revocation.

SIGNATURE OF APPLICANT OR REPRESENTATIVE

08-23-2018

DATE:

NOTARY SEAL

Notary Public State of Florida R Peter Stoll My Commission GG 150421 Expires 10/19/2021

NOTARY SIGNATURE

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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 _______ 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, 2018

Date of Expiration: October 1, 2020

Ayor, Board of County Commissioners