



## Interoffice Memorandum

## AGENDA ITEM

September 13, 2018

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

THRU: John Goodrich, Assistant Director *J. Goodrich*  
Health Services Department

FROM: Christian C. Zuver, M.D., Medical Director *CCZ*  
EMS Office of the Medical Director  
**Contact: (407) 836-7611**

SUBJECT: Paratransit Services License  
Florida Medtrans Corp  
**Consent Agenda – October 2, 2018**

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

**ACTION REQUESTED:** Approval and execution of the renewal Paratransit Services License for Florida Medtrans Corp to provide wheelchair/stretchers 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

Attachments



**RENEWAL PARATRANSIT SERVICES:**  
**APPLICATION FOR LICENSE**

APPLICATION DATE: September 13, 2018

**SECTION I: GENERAL INFORMATION**

1. NAME OF SERVICE: Florida Medtrans Corp
2. BUSINESS ADDRESS (INCLUDE COUNTY):  
  
1022 N. Pine Hills Road, Orlando, FL 32808  
  
Orange County
3. CONTACT INFORMATION: Name: Schrage (Sam) Goldblatt  
  
Business Phone: 407-797-8674  
  
Mobile Phone: 305-304-5609  
  
Email: SG@PTRANSPORT.NET
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: 9/12/2018    ☐ NO

**SECTION II: VEHICLES AND STAFFING**

1. NUMBER OF VEHICLES IN OPERATION: 8

2. EMPLOYEE ROSTER:

<u>NAME</u>	<u>CURRENT CPR CARD (Y/N)</u>
DONNA ANDERSON	YES
LUCHAUNA A. BROWN	YES
WARDELL A. BUEL	YES
CHAD A. COCHRANE	YES
LAKESHA A. DELAINE	YES
TIMOTHY J. GIANDOMENICO	YES
CANDI T. HARRIS	YES
SAMANTHA G. HICKS	DISPATCHER -
SAMUAL L. HOARD	YES
LOZIER JACKSON JR.	YES
JOHN D. JONES	YES
ANYA M. NELSON	YES
DEMARK L. WHITTAKER	YES

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.

*Salvatore J. J. J.*  
SIGNATURE OF APPLICANT OR REPRESENTATIVE

9-12-18  
DATE:

NOTARY SEAL

NOTARY SIGNATURE



# License Paratransit Services

Orange County  
Board of County Commissioners  
Emergency Medical Services

This is to certify that FLORIDA MEDTRANS CORP  
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, 2018

Date of Expiration: October 1, 2020

B. J. Dalchandani  
Mayor, Board of County Commissioners

