



Interoffice Memorandum

AGENDA ITEM

November 20, 2018

TO: Mayor Jerry L. Demings
-AND-
Board of County Commissioners

THRU: John Goodrich, Acting 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
Medical City Transportation, Inc.
Consent Agenda – December 4, 2018

The EMS Office of the Medical Director requests approval and execution of the Paratransit Services License for Medical City Transportation, Inc. Medical City Transportation, 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 Medical City Transportation, Inc. 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 Medical City Transportation, Inc. to provide wheelchair/stretchers service. The term of this license is from December 1, 2018 through December 1, 2020. There is no cost to the County. **(EMS Office of the Medical Director)**

CCZ/cf

Attachments



PARATRANSIT SERVICES:

APPLICATION FOR LICENSE

APPLICATION DATE: 9/20/2018

PROPOSED DATE OPERATIONS WILL BEGIN: December 2018

SECTION I: GENERAL INFORMATION

1. NAME OF SERVICE: Medical City Transportation, Inc.
2. BUSINESS ADDRESS (INCLUDE COUNTY):

4369 Hunters Park Lane, Orlando, FL 32738

Orange County
3. CONTACT INFORMATION: Business Phone 407-286-4042

Mobile Phone 407-304-6449

Email Admin@medicalcitytransportation.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>
Mando Garcia	4369 Hunters Park Lane, Orlando, FL 32738	CEO
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: 9/20/2018 ☐ NO

2. VEHICLE INSPECTION COMPLETED BY EMS OFFICE:

☐ YES, DATE: _____ ☒ NO

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 NOTARIZED FINANCIAL STATEMENT SUBMITTED TO EMS OFFICE:

☒ YES, DATE: 09/19/2018 ☐ NO

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

5. PROOF OF INSURANCE SUBMITTED TO EMS OFFICE:

☒ YES, DATE: 9/20/2018 ☐ NO

SECTION III: VEHICLES AND STAFFING

1. NUMBER OF VEHICLES IN OPERATION: 3

2. EMPLOYEE ROSTER:

<u>NAME</u>	<u>CURRENT CPR CARD (Y/N)</u>
RICHARD NAVAS	YES
NESTOR ROSSI	YES
ROQUE NUNEZ	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.**

Garzor Insurance 4248 Town Center Blvd Orlando FI 32837 From 08/01/2008 to 06/01/2013 Ms. Mariana Zorrilla (321) 206-8035
Around the Clock USA 14772 Grand Cove Dr. Orlando FI 32837 From 01/03/2013 to 01/01/2017 Mr. Sergio Villalobos (407) 468-7544
Medical City Transportation (Own Business) 4369 Hunters Park Lane Orlando FI 32837

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

NAME	ADDRESS	PHONE
Michell Howells	2219 Doe Crossing Ct, Orland FI 32837	407-973-2497
Hi Kid Foundation	13574 Village Park Dr Orlando FI 32837 / Ms.Arnau	407- 398-4954
Gonzalo Gonzalez	13000 Avalon Lake Dr Orlando, FI 32828	407-398-4954 407-353-8522
Mark Caruso	1327 Twin Rivers Blvd, Oviedo FI 32766	407-810-7897
Hiran Delgado	7981 Putnam Rose St Orlando FI 32827	786-546-8082

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

NAME	ADDRESS	PHONE
CenterState Bank Ms. Ivelisse Gonzalez	12285 S. Orange Blossom Trail Orlando FI 32837	407- 438-1140
Insight Credit Union Ms. Cristina Rosario	13586 Village Park Dr. Orlando FI 32837	407-426-6000 Ext 11602
AMS Vans Mr. Dan Miears	6275 Lawrenceville Hwy, Tucker, GA 30084	678-387-6630
Mobility Works Commercial Mr. Joe Reilly	5601 Powerline Rd, Ft Lauderdale FI 33091	234-312-3097 954-448-4322
Garzor Insurance Ms. Mariana Zorrilla	4248 Town Center Blvd Orlando FI 32837	321-206-8035 ext 407



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.

A handwritten signature in black ink, appearing to be "G. Jones", written over a horizontal line.

SIGNATURE OF APPLICANT OR REPRESENTATIVE

A handwritten date "9/20/18" in black ink, written over a horizontal line.

DATE

NOTARY SEAL



A handwritten signature in black ink, appearing to be "Cristina M. Cordovilla", written over a horizontal line.

NOTARY SIGNATURE

STATE OF FLORIDA
COUNTY OF ORANGE

The foregoing instrument was acknowledged before
me this 09 day of SEP, 2018, by RAULDO GARCIA

Cristina Cordovilla
Notary Public's Signature

CRISTINA CORDOVILLA
Notary Name

Personally Known X OR
Type of Identification Produced _____



License Paratransit Services

Orange County
Board of County Commissioners
Emergency Medical Services

This is to certify that MEDICAL CITY TRANSPORTATION, INC.
has complied with the Orange County Code 2001-09 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: December 1, 2018

Date of Expiration: December 1, 2020

B. J. Dalchanda
Mayor, Board of County Commissioners

