



Interoffice Memorandum

AGENDA ITEM

APPROVED BY ORANGE
COUNTY BOARD OF COUNTY
COMMISSIONERS

BCC Mtg. Date: September 20, 2016

September 8, 2016

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

FROM: Christopher Hunter, M.D., Ph.D., Director
Health Services Department
Contact: 407-836-7611

A handwritten signature in black ink, appearing to read "CH", positioned to the right of the "FROM:" field.

SUBJECT: Paratransit Services License
ProMed Transportation, Inc.
Consent Agenda – September 20, 2016

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

ACTION REQUESTED: Approval and execution of the renewal Paratransit Services License for ProMed Transportation, Inc. to provide wheelchair/stretchers service. The term of this License is from October 1, 2016 through October 1, 2018. 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: __8/24/2016

SECTION I: GENERAL INFORMATION

1. NAME OF SERVICE: ProMed Transportation, Inc.

2. BUSINESS ADDRESS (INCLUDE COUNTY):

7901 Kingspointe PKWY #19, Orlando, FL 32819

3. CONTACT INFORMATION: Name __Sam Goldblatt

Business Phone 1800-649-9666

Mobile Phone 305-304-5609

Email sg@promedtransport.com

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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: __8/24/2016 attached along with this application NO

SECTION II: VEHICLES AND STAFFING

1. NUMBER OF VEHICLES IN OPERATION: 1 (one) the Vin# is 1FTNE2EWXCDA59974

2. EMPLOYEE ROSTER:

NAME

CURRENT CPR CARD (Y/N)

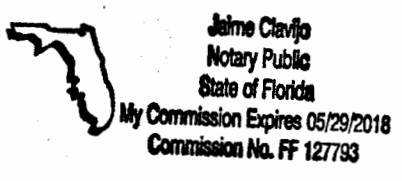
_____Alejandro (Alex) Castro, Yolanda Cooper, Josephine Wilson.

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.

Johnny Hebert
SIGNATURE OF APPLICANT OR REPRESENTATIVE

8-26-16
DATE:

NOTARY SEAL *Jaime Clavijo*
NOTARY SIGNATURE



License Paratransit Services

Orange County
Board of County Commissioners
Emergency Medical Services

This is to certify that PROMED TRANSPORTATION, 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: October 1, 2016 Date of Expiration: October 1, 2018

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Mayor, Board of County Commissioners

