



Broward County  
 OFFICE OF MEDICAL EXAMINER AND TRAUMA SERVICES  
 Trauma and EMS Section

**CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY  
 OR  
 NONEMERGENCY MEDICAL TRANSPORTATION SERVICE LICENSE**

Please type. Answer all questions that apply to the level of service to be provided. Attach additional sheets as needed.

STATEMENTS AND MATERIALS SUBMITTED WILL BE SUBJECT TO VERIFICATION

**CHECK TYPE OF APPLICATION FOR CLASSIFICATION OF SERVICE**

- New  Renewal
- Class 1 - ALS Rescue  Class 2 - ALS Transfer
- Class 3 - BLS Transport  Class 4 - ALS Air Rescue
- Class 5 - Nonemergency Medical Transportation Service (NEMTS)

1. Fox Transportation Solutions, LLC  
Name of Service Governmental Entity  
2880 W Oakland Park Blvd Oakland Park, FL 33311  
Mailing Address City State Zip Code  
954-440-0279  
Telephone

2. Anita Fox afuxinc@gmail.com  
Owner's Name Email Address  
401 SW 4th Ave #1508 Ft. Lauderdale, FL 33315  
Mailing Address City State Zip Code

(Governmental Entity attach names of elected officials)

3. Anita Fox 954-440-0279 afuxinc@gmail.com  
General Manager/Contact Person Telephone Email Address

4. Date incorporated/formation of business association: 2/21/2017 (Attachment # 1)

(Attach articles of incorporation; names and address of shareholders along with number of outstanding shares.)

5. Geographic area requesting to service (be specific): all of Broward

6. Attach FCC license/communications contract: (Attachment # 2 )

7. Address of present/proposed main station and any substations (attach list if more than three (3) substations):

Main Station: 2880 W Oakland Park Blvd, Oakland Park, FL

Substation: \_\_\_\_\_

Substation: \_\_\_\_\_

Substation: \_\_\_\_\_

8. Financial Information: (Attachment # 3 )

**Non-governmental** - provide a financial statement as listed in Broward County Administrative Code Section 33.11.g.

**Governmental** - copy of budget sheet.

9. Insurance: (Attachment # 4 )

Provide copies of Certificates of Insurance - **Non-governmental** - Identified in Chapter 3½, Section 3½ - 17(a)(1), Broward County Code of Ordinances.

**Governmental** - refer to section Chapter 3½ - 17(c), Broward County Code of Ordinances.

**NEW** - must provide proof of ability to comply with Chapter 3½ - 17(a)(2), Broward County Code of Ordinances for service requested. *Financial Statement will be included in the Second Package.*

10. Vehicle information: Complete and attach appropriate form.

11. Personnel information: Complete and attach appropriate form.

**NEMTS PROVIDE** copies of all required training information pursuant to Broward County Administrative Code Section 33.15.g, for each driver listed on form B-2.

12. All COPCN applicants (if applicable):

A. Attach contract with a medical director as provided by State Law, include copy of DEA license.

B. Classes 1 and 4 - attach current medical treatment protocols.

C. Class 2 and Class 3 - attach current interfacility transport protocols.

D. Identify staffing patterns and operational hours for each state permitted vehicle in your fleet.

13. Attach schedule of rates for services rendered (new or proposed).



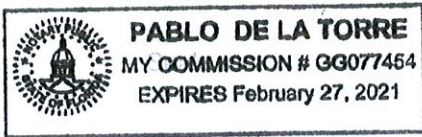
All statements on this application and attachments are true and correct.

[Signature]  
Signature of Owner/Manager

Owner/Manager  
Title

STATE OF FLORIDA  
COUNTY OF BROWARD

Sworn to (or affirmed) and subscribed before me this 3 day of May, 20 17, by  
ANITA FOX (name of person making statement).



[Signature]  
(Signature of Notary Public - State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known: \_\_\_\_\_ OR Produced Identified: D.C.

Type of Identification Produced: D.C.

Additional requirements for New applicants:

Non-governmental and NEMTS:

1. Minimum of three (3) letters of reference **mailed/emailed** to the Trauma Management Agency (business or personal).
2. Completed local and state criminal background checks for each owner, manager, officer and/or director. (INTERNET BACKGROUND CHECKS ARE NOT ACCEPTABLE.)
3. Preceding five years business experience.

All applicants:

1. Return signed, notarized application along with an application fee of \$581.00 as of October 1, 2016, made payable to the Broward County Board of County Commissioners.
2. Renewal applicants NOTE: COPCN/License and Vehicle permit fees will be processed separately (as of October 1, 2015 COPCN/License fees will be \$290.00 and Vehicle permit fees will be \$59.00).
3. Non-governmental and NEMTS: provide a copy of County and Municipal Business Tax Receipts or **NEW** applicant provide a letter of identifying proposed business office location in Broward County.

**Recommendation of the Broward Regional EMS Council, EMS Review Committee  
(if required):**

On July 7, 2017, the EMS Review Committee met and recommended approval of a NEMTS license to  
Foxx Transportation Solutions, LLC, contingent upon completion of remaining requirements for NEMTS  
as addressed in Chapter 3½, Broward County Code of Ordinances, for said provider.

July 7, 2017

Date



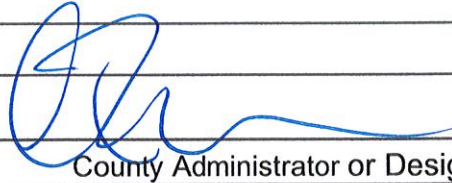
Chair, EMS Review Committee

**Recommendation/comments of County Administrator:**

Staff recommends issuance of said license.

July 7, 2017

Date



County Administrator or Designee

This application for a Nonemergency Medical Transportation Services License submitted  
by Foxx Transportation Solutions, LLC is hereby:

**Approved as Submitted:**

\_\_\_\_\_  
**Mayor, Broward County  
Board of County Commissioners**

**Approved as Amended:**

\_\_\_\_\_  
**Mayor, Broward County  
Board of County Commissioners**

**Denied:**

\_\_\_\_\_  
**Mayor, Broward County  
Board of County Commissioner**



Broward County  
**OFFICE OF MEDICAL EXAMINER AND TRAUMA SERVICES**  
 Trauma and EMS Section

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- New  Renewal
- Class 1 - ALS Rescue  Class 2 - ALS Transfer
- Class 3 - BLS Transport  Class 4 - ALS Air Rescue
- Class 5 - Nonemergency Medical Transportation Service (NEMTS)

1. Glo Pro Services, Corp. DBA NEM Transportation  
Name of Service Governmental Entity

<u>11025 SW 84 Street</u>	<u>Miami</u>	<u>FL</u>	<u>33173</u>
<small>Mailing Address</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>

786-499-0607  
Telephone

2. Wael Fakhry gloproservices@gmail.com  
Owner's Name Email Address

<u>7500 S Waterway Drive</u>	<u>Miami</u>	<u>Florida</u>	<u>33155</u>
<small>Mailing Address</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>

(Governmental Entity attach names of elected officials)

3. Wael Fakhry 213 808-3985 gloprosvcs@gmail.com  
Wael.m.fakhry@gmail.com  
General Manager/Contact Person Telephone Email Address

4. Date incorporated/formation of business association: 6/3/2016 (Attachment # One )

(Attach articles of incorporation; names and address of shareholders along with number of outstanding shares.)



5. Geographic area requesting to service (be specific): \_\_\_\_\_

Broward County

6. Attach FCC license/communications contract: (Attachment # Two )

7. Address of present/proposed main station and any substations (attach list if more than three (3) substations):

Main Station: Proposed main station will be in the Fort Lauderdale Area.

Substation: We are ready to execute a lease upon the approval of this

Substation: application, by the EMS Review Committee and the Board of County

Substation: Commissioners of Broward County's, Florida, Public Hearing

8. Financial Information: (Attachment # Three )

**Non-governmental** - provide a financial statement as listed in Broward County Administrative Code Section 33.11.g.

**Governmental** - copy of budget sheet.

9. Insurance: (Attachment # Four )

Provide copies of Certificates of Insurance - **Non-governmental** - Identified in Chapter 3½, Section 3½ - 17(a)(1), Broward County Code of Ordinances.

**Governmental** - refer to section Chapter 3½ - 17(c), Broward County Code of Ordinances.

**NEW** - must provide proof of ability to comply with Chapter 3½ - 17(a)(2), Broward County Code of Ordinances for service requested.

10. Vehicle information: Complete and attach appropriate form.

11. Personnel information: Complete and attach appropriate form.

**NEMTS PROVIDE** copies of all required training information pursuant to Broward County Administrative Code Section 33.15.g, for each driver listed on form B-2.

12. All COPCN applicants (if applicable):

A. Attach contract with a medical director as provided by State Law, include copy of DEA license.

B. Classes 1 and 4 - attach current medical treatment protocols.

C. Class 2 and Class 3 - attach current interfacility transport protocols.

D. Identify staffing patterns and operational hours for each state permitted vehicle in your fleet.

13. Attach schedule of rates for services rendered (new or proposed).

All statements on this application and attachments are true and correct.

Wad H. S. [Signature] 2/20/2017 President & CEO  
Signature of Owner/Manager Title

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ (name of person making statement).

Seal

"See Attached" @ February 20, 2017  
(Signature of Notary Public - State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known: \_\_\_\_\_ OR Produced Identified: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

Additional requirements for New applicants:

Non-governmental and NEMTS:

1. Minimum of three (3) letters of reference **mailed/mailed** to the Trauma Management Agency (business or personal).
2. Completed local and state criminal background checks for each owner, manager, officer and/or director. (INTERNET BACKGROUND CHECKS ARE NOT ACCEPTABLE.)
3. Preceding five years business experience.

All applicants:

1. Return signed, notarized application along with an application fee of \$581.00 as of October 1, 2016, made payable to the Broward County Board of County Commissioners.
2. Renewal applicants NOTE: COPCN/License and Vehicle permit fees will be processed separately (as of October 1, 2015 COPCN/License fees will be \$290.00 and Vehicle permit fees will be \$59.00).
3. Non-governmental and NEMTS: provide a copy of County and Municipal Business Tax Receipts or **NEW** applicant provide a letter of identifying proposed business office location in Broward County. **Attachment # 5**



JURAT

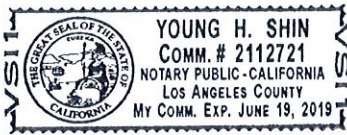
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Los Angeles } SS.

Subscribed and sworn to (or affirmed) before me on this 20<sup>th</sup> day of February, 2017, by

Wael Fakhry, \_\_\_\_\_, proved to me on the basis of satisfactory evidence to be the person(x) who appeared before me.



Young H. Shin  
NOTARY'S SIGNATURE

PLACE NOTARY SEAL IN ABOVE SPACE

OPTIONAL INFORMATION

The information below is optional. However, it may prove valuable and could prevent fraudulent attachment of this form to an unauthorized document.

CAPACITY CLAIMED BY SIGNER (PRINCIPAL)

- INDIVIDUAL
- CORPORATE OFFICER \_\_\_\_\_
- PARTNER(S) \_\_\_\_\_ TITLES)
- ATTORNEY-IN-FACT
- TRUSTEE(S)
- GUARDIAN/CONSERVATOR
- OTHER: \_\_\_\_\_

DESCRIPTION OF ATTACHED DOCUMENT

Non-emergency Medical Transportation Services License  
TITLE OR TYPE OF DOCUMENT

3

NUMBER OF PAGES

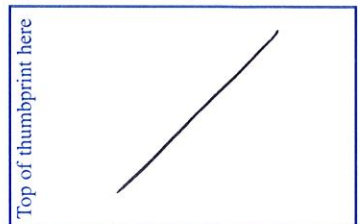
Signed February 20, 2017  
DATE OF DOCUMENT

RE: New-class 5 - (NEMTS)  
Glo pro services/DBA NEM Transportation  
OTHER

ABSENT SIGNER (PRINCIPAL) IS REPRESENTING:  
NAME OF PERSON(S) OR ENTITY(IES)

\_\_\_\_\_  
\_\_\_\_\_

RIGHT THUMBPRINT OF SIGNER



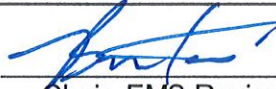


**Recommendation of the Broward Regional EMS Council, EMS Review Committee  
(if required):**

On July 7, 2017, the EMS Review Committee met and recommended approval of a NEMTS license to  
Glo Pro Services Corp. d/b/a NEM Transportation, contingent upon completion of remaining requirements for  
NEMTS as addressed in Chapter 3½, Broward County Code of Ordinances, for said provider.

July 7, 2017

Date



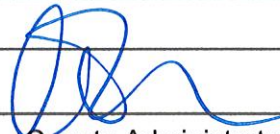
Chair, EMS Review Committee

**Recommendation/comments of County Administrator:**

Staff recommends issuance of said license.

July 7, 2017

Date



County Administrator or Designee

**This application for a** Nonemergency Medical Transportation Services License **submitted**  
**by** Glo Pro Services Corp. d/b/a NEM Transportation **is hereby:**

**Approved as Submitted:**

\_\_\_\_\_  
**Mayor, Broward County  
Board of County Commissioners**

**Approved as Amended:**

\_\_\_\_\_  
**Mayor, Broward County  
Board of County Commissioners**

**Denied:**

\_\_\_\_\_  
**Mayor, Broward County  
Board of County Commissioner**



Broward County  
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- Class 5 - Nonemergency Medical Transportation Service (NEMTS)

1. Tru- Care Non Medical Transportation Service  
 Name of Service Governmental Entity

1501 SW 119th Avenue Bldg.128	Pembroke Pines	FL	33025
Mailing Address	City	State	Zip Code
347-551-0943/954 639-7391			
Telephone			

2. Ingrid M. Hinds ihinds64@gmail.com  
 Owner's Name Email Address

1501 SW 119th Avenue Bldg.128	Pembroke Pines	FL	33025
Mailing Address	City	State	Zip Code

(Governmental Entity attach names of elected officials)

3. Ingrid M. Hinds 347 551-0943 ihinds64@gmail.com  
 General Manager/Contact Person Telephone Email Address

4. Date incorporated/formation of business association: 11/10/2011 (Attachment # 1)

(Attach articles of incorporation; names and address of shareholders along with number of outstanding shares.)



5. Geographic area requesting to service (be specific): \_\_\_\_\_

Broward County

6. Attach FCC license/communications contract: \_\_\_\_\_ (Attachment # Pending )

7. Address of present/proposed main station and any substations (attach list if more than three (3) substations):

Main Station: 1501 SW 119th Avenue Bldg. 128 Pembroke Pines FL. 33025

Substation: \_\_\_\_\_

Substation: \_\_\_\_\_

Substation: \_\_\_\_\_

8. Financial Information: \_\_\_\_\_ (Attachment # 2 )

**Non-governmental** - provide a financial statement as listed in Broward County Administrative Code Section 33.11.g.

**Governmental** - copy of budget sheet.

9. Insurance: \_\_\_\_\_ (Attachment # 3 )

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C. Class 2 and Class 3 - attach current interfacility transport protocols.

D. Identify staffing patterns and operational hours for each state permitted vehicle in your fleet.

13. Attach schedule of rates for services rendered (new or proposed).

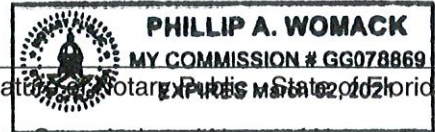
All statements on this application and attachments are true and correct.

Joseph M. Hill Signature of Owner/Manager CEO Title

STATE OF FLORIDA  
COUNTY OF Broward

Sworn to (or affirmed) and subscribed before me this 13 day of April, 20 17, by \_\_\_\_\_ (name of person making statement).

Seal



(Signature of Notary Public, State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known:  OR Produced Identified: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

Additional requirements for New applicants:

Non-governmental and NEMTS:

1. Minimum of three (3) letters of reference **mailed/emailed** to the Trauma Management Agency (business or personal).
2. Completed local and state criminal background checks for each owner, manager, officer and/or director. (INTERNET BACKGROUND CHECKS ARE NOT ACCEPTABLE.)
3. Preceding five years business experience.

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3. Non-governmental and NEMTS: provide a copy of County and Municipal Business Tax Receipts or **NEW** applicant provide a letter of identifying proposed business office location in Broward County.



**Recommendation of the Broward Regional EMS Council, EMS Review Committee  
(if required):**

On July 7, 2017, the EMS Review Committee met and recommended approval of a NEMTS license to Tru-Care Non Emergency Medical Transportation Service LLC, contingent upon completion of remaining requirements for NEMTS as addressed in Chapter 3½, Broward County Code of Ordinances, for said provider.

July 7, 2017

Date



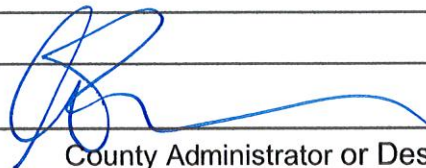
Chair, EMS Review Committee

**Recommendation/comments of County Administrator:**

Staff recommends issuance of said license.

July 7, 2017

Date



County Administrator or Designee

**This application for a** Nonemergency Medical Transportation Services License **submitted**  
**by** Tru-Care Non Emergency Medical Transport Service LLC **is hereby:**

**Approved as Submitted:**

\_\_\_\_\_  
**Mayor, Broward County  
Board of County Commissioners**

**Approved as Amended:**

\_\_\_\_\_  
**Mayor, Broward County  
Board of County Commissioners**

**Denied:**

\_\_\_\_\_  
**Mayor, Broward County  
Board of County Commissioner**