



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. ANDGO GROUP LLC, d/b/a Atlantic Transportation Services  
Name of Service Governmental Entity

<u>501 GOLDEN ISLES DRIVE SUITE 206E</u>	<u>Hallandale Beach</u>	<u>FL</u>	<u>33009</u>
<small>Mailing Address</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>

+1 (954) 289-9054, 855-668-3330 (Toll-Free number)  
Telephone

2. Andrei Gorshkov andgogroup@gmail.com  
Owner's Name Email Address

<u>19380 Collins av apt.326</u>	<u>Sunny Isles Beach</u>	<u>FL</u>	<u>33160</u>
<small>Mailing Address</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>

(Governmental Entity attach names of elected officials)

3. Andrei Gorshkov andgogroup@gmail.com  
General Manager/Contact Person Telephone Email Address

<u>+1(786) 325- 4194</u>	<u>andgogroup@gmail.com</u>
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4. Date incorporated/formation of business association: 10/11/2017 (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): \_\_\_\_\_  
Broward County

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: 501 Golden Isles Dr 206E Hallandale Beach FL 33009 SUITE 206-E HAL

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.

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.

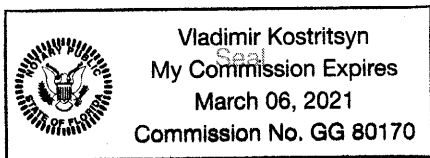
13. Attach schedule of rates for services rendered (new or proposed).

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

[Signature] \_\_\_\_\_ owner  
Signature of Owner/Manager Title

STATE OF FLORIDA  
COUNTY OF Broward

Sworn to (or affirmed) and subscribed before me this 24th day of March, 20 18, by  
Andrei Gokhlov (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:

Type of Identification Produced: Passport

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 \$596.00 as of October 1, 2017, 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, 2017 COPCN/License fees will be \$297.00 and Vehicle permit fees will be \$60.00).
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 September 6, 2018, the EMS Review Committee met and recommended approval of a NEMTS license to  
Andgo Group LLC d/b/a Atlantic Transportation Services, contingent upon completion of remaining requirements  
for NEMTS as addressed in Chapter 3½, Broward County Code of Ordinances, for said provider.

September 6, 2018

Date



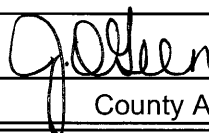
Chair, EMS Review Committee

**Recommendation/comments of County Administrator:**

Staff recommends issuance of said license.

September 6, 2018

Date



County Administrator or Designee

**This application for a** Nonemergency Medical Transportation Services License **submitted**  
**by** Andgo Group LLC d/b/a Atlantic Transportation Services **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

**CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY  
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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. ON TIME MOBILITY TRANSPORT INC  
 Name of Service Governmental Entity

8907 NW 28TH DR #F	CORAL SPRINGS	FL	33065
Mailing Address	City	State	Zip Code

954-422-2451

Telephone

ONTIMEMOBILITYTRANSPORT@GMAIL.COM

2. BRUNO GORDILLO  
 Owner's Name Email Address

8907 NW 28TH DR #F	CORAL SPRINGS	FL	33065
Mailing Address	City	State	Zip Code

(Governmental Entity attach names of elected officials)

3. BRUNO GORDILLO 954-422-2451 ONTIMEMOBILITYTRANSPORT@GMAIL.COM

General Manager/Contact Person	Telephone	Email Address
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4. Date incorporated/formation of business association: 02/18/2018 (Attachment # 2)

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

5. Geographic area requesting to service (be specific): <sup>Davie</sup> Tamarac, Sunrise, Plantation, Ft. Lauderdale  
PARKLAND, DEERFIELD, CORAL SPRINGS, POMPANO BEACH, MARGATE, OAKLAND PARK

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

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

Main Station: 8907 NW 28TH DR# F CORAL SPRINGS, FL 33065

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

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

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

8. Financial Information: (Attachment # 1 )

**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 # 17 )

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.

  
\_\_\_\_\_  
Signature of Owner/Manager

President  
\_\_\_\_\_  
Title

STATE OF FLORIDA  
COUNTY OF Palm Beach

Sworn to (or affirmed) and subscribed before me this 19<sup>th</sup> day of May, 20 18, by  
Bruno Gordillo (name of person making statement).



  
\_\_\_\_\_  
(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.

All applicants:

1. Return signed, notarized application along with an application fee of \$596.00 as of October 1, 2017, 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, 2017 COPCN/License fees will be \$297.00 and Vehicle permit fees will be \$60.00).
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 September 6, 2018, the EMS Review Committee met and recommended approval of a NEMTS license to  
On Time Mobility Transport Inc, contingent upon completion of remaining requirements for NEMTS as addressed  
in Chapter 3½, Broward County Code of Ordinances, for said provider.

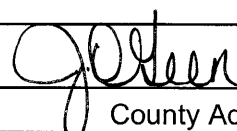
September 6, 2018  
Date

  
Chair, EMS Review Committee

**Recommendation/comments of County Administrator:**

Staff recommends issuance of said license.

September 6, 2018  
Date

  
County Administrator or Designee

**This application for a** Nonemergency Medical Transportation Services License **submitted**  
**by** On Time Mobility Transport Inc **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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- 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. Protective Medical Transportation of SO. FL., INC

Name of Service Governmental Entity

Mailing Address	City	State	Zip Code
6428 Flagler Street	Hollywood	FL	33023
Telephone			

2. Jude Dalberis

protectivemt@gmail.com

Owner's Name	Email Address		
6428 Flagler Street	Hollywood	FL	33023
Mailing Address	City	State	Zip Code

(Governmental Entity attach names of elected officials)

3. Lauriane Dalberis

(786) 663-5463

protectivemt@gmail.com

General Manager/Contact Person	Telephone	Email Address
Lauriane Dalberis	(786) 663-5463	protectivemt@gmail.com

4. Date incorporated/formation of business association: 02/20/2018 (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): \_\_\_\_\_

To provide non emergency transportation services anywhere in Broward County.

6. Attach FCC license/communications contract: (Attachment # 0 )

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

Main Station: 6428 Flagler Street Hollywood, FL33023

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

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

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

8. Financial Information: (Attachment # 1 )

**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 # 1 )

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):

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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).

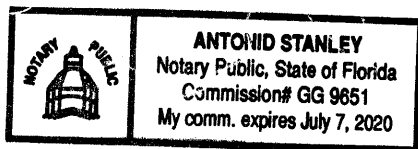
All statements on this application and attachments are true and correct.

[Signature]  
Signature of Owner/Manager

Owner/President  
Title

STATE OF FLORIDA  
COUNTY OF Broward

Sworn to (or affirmed) and subscribed before me this 7<sup>th</sup> day of May, 20 18, by  
Jude Dalberis (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:

Type of Identification Produced: FOID

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:

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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 September 6, 2018, the EMS Review Committee met and recommended approval of a NEMTS license to Protective Medical Transportation of So. FL., Inc., contingent upon completion of remaining requirements for NEMTS as addressed in Chapter 3½, Broward County Code of Ordinances, for said provider.

September 6, 2018

Date



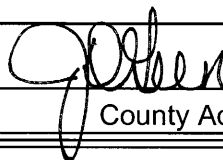
Chair, EMS Review Committee

**Recommendation/comments of County Administrator:**

Staff recommends issuance of said license.

September 6, 2018

Date



County Administrator or Designee

**This application for a** Nonemergency Medical Transportation Services License **submitted**  
**by** Protective Medical Transportation of So. FL. **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

**CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY  
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**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. Ready 2 Transfer, Inc.

Name of Service Governmental Entity			
15622 SW 59 Street	Miami	FL	33193
Mailing Address	City	State	Zip Code
305) 267.3950			
Telephone			
ready2transfer954@gmail.com			

2. Alean Machado

Owner's Name		Email Address	
15622 SW 59 Street	Miami	FL	33193
Mailing Address	City	State	Zip Code

(Governmental Entity attach names of elected officials)

3. <u>Elba Antunez</u>	305) 267.3950	ready2transfer954@gmail.com
General Manager/Contact Person	Telephone	Email Address

4. Date incorporated/formation of business association: 07/05/2016 (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): \_\_\_\_\_  
Entire 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: 4000 Hollywood Blvd. Suite 555-S , Hollywood FL. 33021

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 )

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.

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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

President  
Title

STATE OF FLORIDA  
COUNTY OF Florida

Sworn to (or affirmed) and subscribed before me this 19<sup>th</sup> day of April, 2018, by  
Alean Machado (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:

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

On September 6, 2018, the EMS Review Committee met and recommended approval of a NEMTS license to  
Ready 2 Transfer, Inc., contingent upon completion of remaining requirements for NEMTS as addressed  
in Chapter 3½, Broward County Code of Ordinances, for said provider.

September 6, 2018

Date



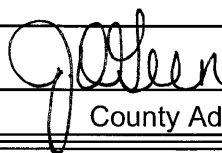
Chair, EMS Review Committee

**Recommendation/comments of County Administrator:**

Staff recommends issuance of said license.

September 6, 2018

Date



County Administrator or Designee

**This application for a** Nonemergency Medical Transportation Services License **submitted**  
**by** Ready 2 Transfer, Inc. **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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- Class 3 - BLS Transport  Class 4 - ALS Air Rescue
- Class 5 - Nonemergency Medical Transportation Service (NEMTS)

1. Tasha Services Inc dba Art Transportation  
Name of Service Governmental Entity  
757 SE 17 st Fort Lauderdale FL 33316  
Mailing Address City State Zip Code  
1800 760 9859  
Telephone

2. Marcelo Pineda info@arttransportation.net  
Owner's Name Email Address  
757 SE 17 st Fort Lauderdale FL 33316  
Mailing Address City State Zip Code

(Governmental Entity attach names of elected officials)

3. Marcelo Pineda 305 636 3616 info@arttransportation.net  
General Manager/Contact Person Telephone Email Address

4. Date incorporated/formation of business association: 02-14-2003 (Attachment # 4)

(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 # 2 )

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

Main Station: Att

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

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

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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  
Title PD

STATE OF FLORIDA  
COUNTY OF Dee

Sworn to (or affirmed) and subscribed before me this 20 day of June, 20 17, by  
Harold A. Pincus (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: \_\_\_\_\_

Type of Identification Produced: F.I.D. I.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 September 6, 2018, the EMS Review Committee met and recommended approval of a NEMTS license to  
Tasha Services, Inc. d/b/a Art Transportation, contingent upon completion of remaining requirements  
for NEMTS as addressed in Chapter 3½, Broward County Code of Ordinances, for said provider.

September 6, 2018

Date



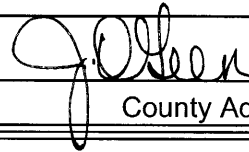
Chair, EMS Review Committee

**Recommendation/comments of County Administrator:**

Staff recommends issuance of said license.

September 6, 2018

Date



County Administrator or Designee

**This application for a** Nonemergency Medical Transportation Services License **submitted**  
**by** Tasha Services, Inc. d/b/a Art 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**