

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 APPLICATIO	N FOR CLASSIFICATION	ON OF SERVICE	CE
	New	☐ Renewal		
	Class 1 - ALS Rescue	Class 2 - ALS T	ransfer	
	Class 3 - BLS Transport	Class 4 - ALS A	Air Rescue	
	Class 5 - Nonemergency M	edical Transportation Se	rvice (NEMTS	5)
1.	B & L Mobility, LLC			
	Name of Service	e Governmental Entity		
	221 W. Oakland Park Blvd.	Fort Lauderdale	FL	33311
	Mailing Address	City	State	Zip Code
	954-565-8900			
	Telephone			
2.	B & L Service, Inc.		jcamillo@	Dblserviceinc.com
	Owner's Name		Email Ad	dress
	221 W. Oakland Park Blvd.	Fort Lauderdale	FL	33311
	Mailing Address	City	State	Zip Code
	(Governmental Entity at	ttach names of elected o	officials)	
3.	John M. Camillo	954-565-89	900 ext. 3920 jca	millo@blserviceinc.com
	General Manager/Contact Person	Telephone	En	nail Address
4.	D. 1		3 /Attack	nment # 1)
	Date incorporated/formation of business as	sociation:	(Allaci	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

5.	5. Geographic area requesting to service (be specific): Broward County			
6.	Attach FCC license/communications contract	t: (Attachment # 2		
7.		and any substations (attach list if more than three (3)		
	Main Station: 221 W. Oakland Park E	Blvd., Fort Lauderdale, FL 33311		
	Substation:			
	Substation:			
	Substation:			
8.	Financial Information:	(Attachment # 3		
	Non-governmental - provide a financial state Section 33.11.g.	ement as listed in Broward County Administrative Code		
	Governmental - copy of budget sheet.			
9.	Insurance:	(Attachment # Proposed)		
	Provide copies of Certificates of Insurance - N 3½ - 17(a)(1), Broward County Code of Ordin	lon-governmental - Identified in Chapter 3½, Section nances.		
	Governmental - refer to section Chapter 31/2	- 17(c), Broward County Code of Ordinances.		
	NEW - must provide proof of ability to comply Ordinances for service requested.	with Chapter 3½ - 17(a)(2), Broward County Code of		
10.	Vehicle information: Complete and attach app	propriate form.		
11.	Personnel information: Complete and attach	appropriate form.		
	NEMTS PROVIDE copies of all required Administrative Code Section 33.15.g, for e	training information pursuant to Broward County 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 to	reatment protocols.		
	C. Class 2 and Class 3 - attach current interfa	acility transport protocols.		
	D. Identify staffing patterns and operational h	ours for each state permitted vehicle in your fleet.		

ME201868838 Page 2 of 3

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

All statements on this application and attac	chments are true and correct.
M Munda	CEO/PRESIDENT
Signature of Owner/Manager	Title
STATE OF FLORIDA	
COUNTY OF Srowerd	
Sworn to (or affirmed) and subscribed before me the	is 05th day of December , 20 18, by
John H. Camillo -	(name of person making statement).
BETIANA MARIA EVANS	(Signature of Notary Public - State of Florida)
Commission # GG 165323	(Print, Type, or Stamp Commissioned Name of Notary Public)
Expires April 2, 2022 Bonded Thru Troy Fain Insurance 800-385-7019	
Rounded Hurn Hush Lattu turanisung ann-apparature	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.

- 1. Return signed, notarized application along with an application fee of \$607.00 as of October 1, 2018, 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, 2018 COPCN/License fees will be \$302.00 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 March 7, 2019, the EMS Review Committee met and recommended approval of a NEMTS license to B & L Mobility, LLC, contingent upon completion of remaining requirements for NEMTS as addressed in Chapter 31/2, Broward County Code of Ordinances, for said provider. March 7, 2019 Date Chair, EMS Review Committee Recommendation/comments of County Administrator: Staff recommends issuance of said license. March 7, 2019 Date County Administrator or Designee This application for a Nonemergency Medical Transportation Services License submitted by B & L Mobility, 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 Environmental Protection and Growth Management Department Environmental and Consumer Protection Division

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.

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STATEMENTS AND MATERIALS SUBMITTED WILL BE SUBJECT TO VERIFICATION

	LICATION FOR CLASSIFICATION OF	SERVIC	CE
New	☐ Renewal		
Class 1 - ALS Res	cue Class 2 - ALS Transfe	er	
Class 3 - BLS Tran	nsport Class 4 - ALS Air Res	scue	
Class 5 - Noneme	rgency Medical Transportation Service	(NEMTS	5)
C&J NET GROUP LLC			
Nam	ne of Service Governmental Entity		
3405 W. Lake Pl	Miramar	FL	33023
Mailing Address	City	State	Zip Code
305-910-7801			
Telephone			
Carla C. Rodas		carla.ro	das@gmail.com
Owner's Name		Email Ad	ldress
	Miramar	Email Ad	dress 33023
Owner's Name	Miramar City		
Owner's Name 3405 W. Lake Pl Mailing Address		FL State	33023
Owner's Name 3405 W. Lake Pl Mailing Address	City	FL State	33023
Owner's Name 3405 W. Lake PI Mailing Address (Governmenta	City Il Entity attach names of elected officials 305-910-78	FL State s)	33023 Zip Code
Owner's Name 3405 W. Lake PI Mailing Address (Governmenta Carla C. Rodas	City Il Entity attach names of elected officials 305-910-78 Person Telephone	FL State s) Can Em	33023 Zip Code

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: 3405 W. Lake Pl Miramar, FL 33023			
	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.			
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.			

ECPD201868838 Page 2 of 3

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

All statements on this application and attach	ments are true and correct.
July Polis	Owner's
Signature of Owner/Manager	Title
STATE OF FLORIDA COUNTY OF Browner	
Sworn to (or affirmed) and subscribed before me this Carla Rodas and Jessenia	Rodas (name of person making statement).
Michael Castro	(Signature of Notary Public - State of Florida)
My Commission Expires 01/17/2021 Commission No. GG 53044	(Print, Type, or Stamp Commissioned Name of Notary Public) Personally Known:OR Produced Identified: Type of Identification Produced:Passport and
Additional requirements for New applicants:	FL Driver Lianse

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.

- 1. Return signed, notarized application along with an application fee of \$607.00 as of October 1, 2018, 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, 2018 COPCN/License fees will be \$302.00 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.

(if required): On March 7, 2019, the EMS Review Committee met and recommended approval of a NEMTS license to C & J Net Group LLC, contingent upon completion of remaining requirements for NEMTS as addressed in Chapter 31/2, Broward County Code of Ordinances, for said provider. March 7, 2019 Chair, EMS Review Committee Date Recommendation/comments of County Administrator: Staff recommends issuance of said license. March 7, 2019 Date **County Administrator or Designee** This application for a Nonemergency Medical Transportation Services License submitted by C & J Net Group 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**

Recommendation of the Broward Regional EMS Council, EMS Review Committee



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

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STATEMENTS AND MATERIALS SUBMITTED WILL BE SUBJECT TO VERIFICATION

	CHECK TYPE	OF APPLICATION	N FOR	CLASSIFICATION C	OF SERVIC	E
	✓ New			Renewal		
	☐ Class 1 -	ALS Rescue		Class 2 - ALS Trans	sfer	
	☐ Class 3 -	BLS Transport		Class 4 - ALS Air R	escue	
	✓ Class 5 -	Nonemergency M	ledical T	ransportation Service	e (NEMTS)	
1.	HELPING HAND NON-	EMERGENCY MI			N, INC.	
	1824 N. University Driv			roke Pines	FL	33024
	Mailing Address	6	City	Toke Filles	State	Zip Code
	954-612-5733					
	Telephone					
2.	Joy Adiboshi		joypdj@gmail.com			
	Owner's Name				Email Add	ress
	1824 N. University Driv	е	Pemb	roke Pines	FL	33024
	Mailing Address		City		State	Zip Code
	(Gov	ernmental Entity a	ttach na	mes of elected officia	als)	
3.	Joy Adiboshi			954-612-5733	јоу ј	odj@gmail.com
	General Manage	r/Contact Person		Telephone	Ema	ail Address
4.	Date incorporated/format	ion of business as	sociatio	n: November 19, 201	18 (Attachr	ment #_1)
(Att	ach articles of incorpo	ration; names a	nd addr	ess of shareholde	rs along w	ith number of

outstanding shares.)

5.	Geographic area requesting to service (be specific):			
	All points within 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: 1824 N. University Drive Pembroke Pines, FL 33024			
	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 $3\frac{1}{2}$ - $17(a)(2)$, 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).			

Page 2 of 3

(Rev. 9/15) ME201557914

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

ab the	Owner/Manager
Signature of Owner/Manager	Title
STATE OF FLORIDA COUNTY OF Broward	
Sworn to (or affirmed) and subscribed before me this 74h	
BRENDA MERCADO Notory Public State of Florid	(Signature of Notary Public - State of Florida)

Additional requirements for New applicants:

Commission# GG 265081

My comm. expires Oct. 3, 2022

Non-governmental and NEMTS:

1. Minimum of three (3) letters of reference **mailed/emailed** to the Trauma Management Agency (business or personal).

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

Type of Identification Produced: Driver's Ucen H

Personally Known:_____OR Produced Identified:

- 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.

- 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).
- 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 March 7, 2019, the EMS Review Committee met and recommended approval of a NEMTS license to Helping Hand Non-Emergency Medical Transportation, Inc., contingent upon completion of remaining requirements for NEMTS as addressed in Chapter 31/2, Broward County Code of Ordinances, for said provider. March 7, 2019 Date Chair, EMS Review Committee Recommendation/comments of County Administrator: Staff recommends issuance of said license. March 7, 2019 Date County Administrator or Designee This application for a Nonemergency Medical Transportation Services License submitted by Helping Hand Non-Emergency Medical Transportation, 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 Environmental Protection and Growth Management Department Environmental and Consumer Protection Division



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 APPLICATI	ON FOR CLASSIFICATION	OF SERVIC	E
New New	☐ Renewal		
Class 1 - ALS Rescue	Class 2 - ALS Tra	ınsfer	
Class 3 - BLS Transport	Class 4 - ALS Air	Rescue	
Class 5 - Nonemergency	Medical Transportation Serv	vice (NEMTS)	
Medical Care Transportation, I	nc.		
Name of Ser	vice Governmental Entity		2
3300 S.W. 11 Avenue	Ft. Lauderdale	FL	33315
Mailing Address	City	State	Zip Code
305-265-3333			
Telephone			
. э. эр. төт ө			
Raymond Gonzalez		rgonzalez@tr	ansportationamerica.co
·		rgonzalez@tr	
Raymond Gonzalez	 Miami		ansportationamerica.cc
Raymond Gonzalez Owner's Name	Miami City	Email Add	dress
Raymond Gonzalez Owner's Name 2766 N.W. 62 Street Mailing Address	The state of the s	Email Add FL State	dress 33147
Raymond Gonzalez Owner's Name 2766 N.W. 62 Street Mailing Address	City	Email Add FL State	dress 33147
Raymond Gonzalez Owner's Name 2766 N.W. 62 Street Mailing Address (Governmental Entity)	City attach names of elected off	Email Add FL State icials)	dress 33147 Zip Code
Raymond Gonzalez Owner's Name 2766 N.W. 62 Street Mailing Address (Governmental Entity Alex Batista	City attach names of elected off 305-265 Telephone	Email Add FL State icials) -3333 abatis	dress 33147 Zip Code

5.	Geographic area requesting to service (be specific): All of Broward County
6.	Attach FCC license/communications contract: (Attachment # Ling)
7.	Address of present/proposed main station and any substations (attach list if more than three (3) substations):
	Main Station: 3300 S.W. 11 Ave- Ft.Lauderdale, FL. 33315
	Substation: 2766 N.W 62 Street- Miami, Fl. 33147
	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.
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 attac	chments are true and correct.	
	CEO	
Signature of Owner/Manager	Title	
STATE OF FLORIDA. COUNTY OF MIAM, DADE		
Sworn to (or affirmed) and subscribed before me the		
TATYINGID CICHZPIEC	(name	of person making statement).
JORGE CURBELO MY COMMISSION # GG 173283	(Signature of Nota	ry Public - State of Florida)
EXPIRES: January 8, 2022 Bonded Thru Notary Public Underwriters	(Print, Type, or Stamp Commission	oned Name of Notary Public)
	Personally Known:OR Prod	uced Identified:
	Type of Identification Produce	d:

Additional requirements for New applicants:

Non-governmental and NEMTS:

1. Minimum of three (3) letters of reference (business or personal) mailed or emailed to:

Mail: Environmental & Consumer Protection Division 1 North University Drive, Mailbox 302 Plantation, FL 33324-2038

Email: rsluman@broward.org

- 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.

- Return signed, notarized application along with an application fee of \$607.00 as of October 1, 2018, 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, 2018 COPCN/License fees will be \$302.00 and Vehicle permit fees will be \$61.00).
- 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 EM (if required):	S Council, EMS Review Committee
On March 7, 2019, the EMS Review Committee met and re	commended approval of a NEMTS license to
Medical Care Transportation, Inc., contingent upon complet	ion of remaining requirements for NEMTS as
addressed in Chapter 31/2, Broward County Code of Ordinal	nces, for said provider.
March 7, 2019	Bufn
Date	Chair, EMS(Review Committee
Recommendation/comments of County Admin	istrator:
Staff recommends issuance of said license.	
	- 1
March 7, 2019	Jallen
Date	County Administrator or Designee
This application for a Nonemergency Medical Transpo	ortation Services License submitted
by Medical Care Transportation, 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 Environmental Protection and Growth Management Department Environmental and Consumer Protection Division



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

	New	☐ Renewal		
	Class 1 - ALS Rescue	Class 2 -	ALS Transfer	
	Class 3 - BLS Transpo	ort 🔲 Class 4 -	ALS Air Rescue	
	Class 5 - Nonemerger	ncy Medical Transportat	ion Service (NEM	ITS)
Sunsh	nine kids Pediatric Ca	re, LLC		
		Service Governmental Entit	•	
1	6603 Taft Street	Hollywood	FL	33024
954 9	Mailing Address 82 7110	City	State	e Zip Code
	Telephone			
David	I R. Maymon		dm	aymon@sun
	Owner's Name			aymon@sun
		Hollywood		Address
	Owner's Name	Hollywood	Email	Address 33024
	Owner's Name Taft Street Mailing Address		Email FL State	Address 33024
6603	Owner's Name Taft Street Mailing Address	City tity attach names of ele	Email FL State	Address 33024
6603	Owner's Name Taft Street Mailing Address (Governmental En	City tity attach names of ele Maymon 95	Email FL State cted officials)	Address 33024 Zip Code

Geographic area requesting to serv	vice (be specific):
Attach FCC license/communication	s contract: (Attachment # None)
Address of present/proposed main substations):	station and any substations (attach list if more than three (3
Main Station: 6603 Taft Stre	eet Hollywood, FL 33024
Substation:	
Substation:	
Substation:	
Financial Information:	(Attachment # 2
Non-governmental - provide a final Section 33.11.g.	ncial statement as listed in Broward County Administrative Code
Governmental - copy of budget she	eet.
Insurance:	(Attachment # 3
Provide copies of Certificates of Instanton 3 $\frac{1}{2}$ - 17(a)(1), Broward County Cod	urance - Non-governmental - Identified in Chapter 3½, Section e of Ordinances.
Governmental - refer to section Ch	apter 3½ - 17(c), Broward County Code of Ordinances.
NEW - must provide proof of ability of Ordinances for service requested.	to comply with Chapter 3½ - 17(a)(2), Broward County Code o
Vehicle information: Complete and a	attach appropriate form.
Personnel information: Complete an	d attach appropriate form.
NEMTS PROVIDE copies of all Administrative Code Section 33.1	required training information pursuant to Broward County 5.g, for each driver listed on form B-2.
All COPCN applicants (if applicable)):
A. Attach contract with a medical dir	rector 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 curr	ent interfacility transport protocols.
D. Identify staffing patterns and ope	rational hours for each state permitted vehicle in your fleet.

Page 2 of 3

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

ECPD201868838

Exhibit 2 Page 19 of 24

All statements on this application and attachments are true and correct.		
Signature of Owner/Manager	CEO	
STATE OF FLORIDA COUNTY OF Broward		
Sworn to (or affirmed) and subscribed before me this	19 day of February, 20 19, by	
David Rolland Maymon	(name of person making statement).	
DENISE LEVINE Notary Public - State of Florida	(Signature of Notary Public - State of Florida)	
Commission # FF 991825 My Comm. Expires Jun 1, 2020	(Print, Type, or Stamp Commissioned Name of Notary Public)	
, med duli 1, 2020	Personally Known:OR Produced Identified:	
	Type of Identification Produced: Planica Divers Lice	

Additional requirements for New applicants:

Non-governmental and NEMTS:

1. Minimum of three (3) letters of reference (business or personal) mailed or emailed to:

Mail: Environmental & Consumer Protection Division 1 North University Drive, Mailbox 302 Plantation, FL 33324-2038

Email: rsluman@broward.org

- 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.

- 1. Return signed, notarized application along with an application fee of \$607.00 as of October 1, 2018, made payable to the Broward County Board of County Commissioners.
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- 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 March 7, 2019, the EMS Review Committee met and recommended approval of a NEMTS license to Sunshine Kids Pediatric Care, LLC, contingent upon completion of remaining requirements for NEMTS as addressed in Chapter 31/2, Broward County Code of Ordinances, for said provider. March 7, 2019 Date Chair, EMS Review Committee Recommendation/comments of County Administrator: Staff recommends issuance of said license. March 7, 2019 Date County Administrator or Designee This application for a Nonemergency Medical Transportation Services License submitted by Sunshine Kids Pediatric Care, 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 Environmental Protection and Growth Management Department Environmental and Consumer Protection Division



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	ON FOR CLASSIFICATION	OF SERVIC	E
	■ New	☐ Renewal		
	Class 1 - ALS Rescue	Class 2 - ALS Tran	sfer	
	Class 3 - BLS Transport	Class 4 - ALS Air F	Rescue	
	Class 5 - Nonemergency	Medical Transportation Servi	ce (NEMTS)	
1.	Executive Ride Transport Inc.			
	Name of Serv	vice Governmental Entity		
	2170 Blount Road	Pompano Beach	FL	33069
	Mailing Address	City	State	Zip Code
	(954)357-1003			
	Telephone			
2.	Wayne Rowe		exridetrans	sport@yahoo.com
	Owner's Name		Email Add	ress
	2170 Blount Road	Pompano Beach	FL	33069
	Mailing Address	City	State	Zip Code
	(Governmental Entity	attach names of elected offic	ials)	
3.	Wayne Rowe	ne Rowe (954) 357-1003 exridetransport@yahoo.com		
	General Manager/Contact Person	Telephone	Ema	ail Address
4.	Date incorporated/formation of business a	association: 10/9/2015	(Attachr	ment #
(Att	ach articles of incorporation; names a	and address of shareholde	ers along w	vith number o

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

5.	Geographic area requesting to service (be specific):
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: 2170 Blount Road, Pompano Beach FL 33069
	Substation: None
	Substation: None
	Substation: None
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 $3\frac{1}{2}$ - $17(a)(2)$, 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.

Page 2 of 3

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

ECPD201868838

All statements on this application and attachments are true and correct. Signature of Owner/Manager STATE OF FLORIDA COUNTY OF Inuar Sworn to (or affirmed) and subscribed before me this day of (name of person making statement) MARGARET L. FORREST Notary Public - State of Florida Commission # GG 237715 My Comm. Expires Jul 12, 2022 (Signature of Notary Public - State of Florida) Bonded through National Notary Assn (Print, Type, or Stamp Commissioned Name of Notary Public) OR Produced Identified: Personally Known: Type of Identification Produced:

Additional requirements for New applicants:

Non-governmental and NEMTS:

1. Minimum of three (3) letters of reference (business or personal) mailed or emailed to:

Mail: Environmental & Consumer Protection Division 1 North University Drive, Mailbox 302 Plantation, FL 33324-2038

Email: rsluman@broward.org

- 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.

- 1. Return signed, notarized application along with an application fee of \$607.00 as of October 1, 2018, 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, 2018 COPCN/License fees will be \$302.00 and Vehicle permit fees will be \$61.00).
- 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 March 7, 2019, the EMS Review Committee met and DO	ES NOT RECOMMEND approval of a NEMTS license
to Executive Ride Transport Inc., contingent upon completion	of remaining requirements for NEMTS as
addressed in Chapter 31/2, Broward County Code of Ordinand	ces, for said provider.
March 7, 2019	The state of the s
Date	Chair, EMS Review Committee
Recommendation/comments of County Adminis	strator:
Staff DOES NOT RECOMMEND issuance of said license.	
	6
March 7, 2019	Joleen
Date	County Administrator or Designee
This application for a Nonemergency Medical Transport	ration Services License submitted
by Executive Ride 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