

This application is for a Certificate of Public Convenience and Necessity ("COPCN") to provide emergency medical care and/or transportation or nonemergency transportation within Polk County, Florida. Polk County, Florida reserves the right to request additional information from the applicant once this application is submitted. Please submit the application fee of \$300.00. Applicant will also be sent an invoice in the amount of the charge for publishing the newspaper notice required by the Ordinance. The application process will not proceed until payment of the invoice.

6. Indicate the level applicant wishes to provide: (Please see Polk County Ordinance 12-029 (Section 4) as amended for complete definition of level of service)

☐ Type B – Basic Life Support Non-Transport (BLS Non-Transport)  
☐ Type C – Basic Life Support Transport (BLS Transport)  
☐ Type D – Advanced Life Support Non-Transport (ALS Non-Transport)  
☐ Type E - Advanced Life Support Transport (ALS Transport)  
☐ Type F – Prehospital Air Ambulance Service  
☒ Type G – ALS Interfacility Transport Service  
☒ Type H – BLS Interfacility Transport Service

7. List the geographical area in which you wish to provide the service being applied for herein (complete county or portion thereof):

Polk County

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8. State the facts showing the demand or the need for the level of service in the geographical area being applied for:

See Attachment # 3

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9. Give a detailed description of the equipment the applicant will utilize in the service (attach separate sheet if needed). **Attach a completed vehicle roster.**

Equipment See Attachment #4

Vehicle Roster See Attachment # 5

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10. Number of personnel to staff each unit? 2 **Attach personnel roster listing name, status as paramedic or EMT, and license number.**

See attachment # 6 Personnel Roster

11. Proof applicant is in compliance with all applicable federal, state and local requirements. (Attach copies of certificates) including ALS and / or BLS Ambulance provider license by the Florida Department of Health, Bureau of EMS) See Attachment # 7

12. State the address and description of each of the locations from which the applicant will operate and the hours of operation, staffing, and phone number for that location

Location Address	Description	Hours of operation	Staffing	Phone number
TBA				

13. Does the service have "back-up" availability in case a unit breaks down or multiple calls?  
YES ☒ NO ☐ *If Yes, explain procedure:*

AmeriCare has an independent maintenance vendor on property that provides all preventative and emergency repairs. In the event of a breakdown, another ambulance from its main fleet would be utilized.

14. Will your service transport patients out of county? Yes

15. Will your service pick up from other counties? YES then return to Polk County? Yes

16. Type of service which will be provided (check appropriate blank):

Land Interfacility Water \_\_\_\_\_ Air \_\_\_\_\_

17. If this application for a COPCN is to replace an existing COPCN, evidence must be provided showing the reason(s) for the replacement of the existing COPCN Pursuant to Polk County Ordinance Number 12-029 and/or Florida Statutes.

N/A

18. A fee of \$300 must accompany the application.

19. Rate schedule – Provide a listing of all rates/charges for your service to provide the level applied for. See Attachment # 9

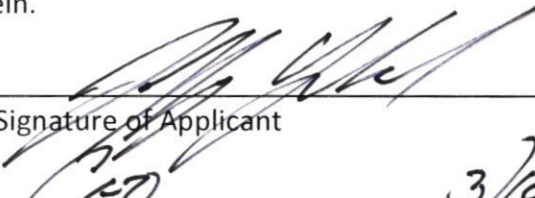
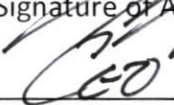
20. If a COPCN is issued to applicant, applicant agrees to the following:

- To indemnify Polk County for any claims or losses arising out of applicant's operations;
- Applicant will comply with all state and county laws and regulations;
- Provide continuous and uninterrupted service to the extent and for the area authorized by the COPCN;
- Provide service to adjacent areas or routes within Polk County, when requested to do by public safety agencies, in an emergency situation or in accordance with established agreements;
- Keep posted at all the principal business locations in Polk County a copy of the COPCN and any rate or fee schedule;
- Provide proof of insurance in amounts required by the Board of County Commissioner through the Risk Management Department;
- Name **Polk County, a political subdivision of the State of Florida** as an additional

insured for Automobile Liability with a waiver of subrogation for the policies noted on the certificate.

- h. File a verified statement of ownership with Polk County Fire Rescue Division prior to commencing its operations under the COPCN and will immediately notify Polk County Fire Rescue Division of any change of ownership;
- i. Keep such records as may be required by Polk County Fire Rescue Division or Polk County Board of County Commissioners, pursuant to the rules and regulations to be adopted pursuant to Polk County Ordinance 12-029 and
- j. Operate in conformance with state law, Polk County Ordinance-12-029 and all rules and regulations hereunder.

To the best of my knowledge, all statements on this application are true and correct and the applicant agrees to the terms contained herein.

  
\_\_\_\_\_  
Signature of Applicant  
  
\_\_\_\_\_  
Title  
3/19/2025  
\_\_\_\_\_  
Date

STATE OF FLORIDA

COUNTY OF Hillsborough

This foregoing instrument was acknowledged before me

this \_\_\_\_ day of \_\_\_\_\_ March \_\_\_\_\_, 2025\_\_, by

Jeff Youngblood

as Chief Executive Officer (title)

for AmeriCare Ambulance Service, Inc.

(Company Name)

\_\_\_\_\_  
Notary Signature

NOTARY SEAL/STAMP

Personally Known X OR Produced Identification \_\_\_\_\_

Type of Identification produced: \_\_\_\_\_



Handwritten notes and symbols, possibly a signature or initials, located in the upper left quadrant of the page.

Attachment # 1

**Owners**

All owners listed below are local and can be reached at our main location and phone number:

11301 U. S. Highway 92 East, Seffner, FL 33584

813-930-0911

Names:

David Carr, **Managing Partner**

Gay Carr

Aaron Carr

Kelli Rodriguez

James Mason, **Managing Partner**

Susan Raburn

Julie Otte

Ronald Mason III

Ryan Mason

Attachment # 2

**Owners Experience**

David Carr, <b>Managing Partner</b>	27 years EMS
Gay Carr	15 years EMS
Aaron Carr	15 years EMS
Kelli Rodriquez	15 years EMS
James Mason, <b>Managing Partner</b>	45 years EMS
Susan Raburn	15 years EMS
Julie Otte	15 years EMS
Ronald Mason III	3 years EMS
Ryan Mason	3 years EMS

Client#: 2300062

140AMERIAMB

**ACORD™****CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

3/07/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer any rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> <b>McGriff Insurance Services LLC</b> <b>5850 Waterloo Road, Suite 240</b> <b>Columbia, MD 21045</b> <b>410 480-4400</b>		<b>CONTACT NAME:</b> Kimberly Sparrow <b>PHONE (A/C, No, Ext):</b> 410 480-4432 <b>FAX (A/C, No):</b> 866-548-4197 <b>E-MAIL ADDRESS:</b> CertificatesMD@mcgriff.com	
<b>INSURED</b> <b>Americare Ambulance Service Inc</b> <b>11301 US Highway 92 East</b> <b>Seffner, FL 33584</b>		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> Bridgeway Insurance Company	
		<b>INSURER B:</b> Old Republic Insurance Company	
		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

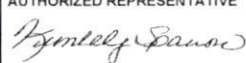
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		9HA7MM000202302	06/01/2024	06/01/2025	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$50,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY		MWTB31617723	06/01/2024	06/01/2025	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	MWC3161762223	06/01/2024	06/01/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
A	Professional Liab		9HA7MM000202302	06/01/2024	06/01/2025	\$1,000,000 Each \$3,000,000 Aggregate

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: For all work performed for the County

Polk County is named as Additional Insured with regards to General Liability and Business Auto Liability, when required by written contract subject to policy provisions. A waiver of subrogation applies in favor of the Additional Insured with regards to General Liability and Workers Compensation.

**CERTIFICATE HOLDER****CANCELLATION**

Polk County, a political subdivision of the State of Florida 330 W Church St Rm 150 Bartow, FL 33830	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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## Attachment # 3

### **Statement of Facts**

AmeriCare Ambulance has been honored to uphold a contractual partnership with HCA Florida Brandon Hospital since 1997, dedicated to delivering a diverse range of medical transportation services tailored to meet the needs of the hospital system. Our offerings encompass Critical Care Ambulance (SCU), Advanced Life Support Ambulance (ALS), and Basic Life Support Ambulance (BLS), each designed to ensure optimal patient care during critical moments.

As HCA Florida Brandon Hospital continues to exemplify outstanding patient care through its ER 24/7 Freestanding Emergency Departments strategically located within Polk County, we express our strong commitment to continuing our successful contractual collaboration. This partnership is vital as it facilitates seamless and timely transportation services that support these emergency departments.

Furthermore, AmeriCare Ambulance is enthusiastic about exploring additional avenues for collaboration with any other healthcare systems eager to utilize our transportation services.

STATE OF FLORIDA  
DEPARTMENT OF HEALTH - EMERGENCY MEDICAL SERVICES  
ADVANCED LIFE SUPPORT VEHICLE INSPECTION FORM (SECTION 401.31, F.S.)

Service Name:

Inspection Date: / /

Unit No.

Inspection Codes:

Rating Categories:

- 1 = Item meets inspection criteria.  
1a = Item corrected during inspection to meet criteria.  
2 = Items not in compliance with inspection criteria.

- 1 = Lifesaving equipment, medical supplies, drugs, records or procedures  
2 = Intermediate support equipment, medical supplies, drugs, records or procedures  
3 = Minimal support equipment, medical supplies, records or procedures

The services medical director determines quantities. Supply must be sufficient to meet the requirements of the services protocols.

**ALS EQUIPMENT AND MEDICATIONS**  
(Reference Section 84E-2.003, Table V, F.A.C.)

MEDICATIONS	WT/VOL	QTY	MEDICAL EQUIPMENT (Cont.)	
1. Atropine Sulfate			n. Intraosseous needles 15 or 16 gauge and three way stop-cocks. As allowed by medical director.	
2. Dextrose, 50 percent	25 gm/50ml		o. Syringes from 1 ml. To 20 ml.	
3. Epinephrine HCL	1:1,000 1 mg/ml		p. DC battery powered portable monitor defibrillator capable of delivering energy below 25 watts/sec with adult and pediatric paddles (or pediatric paddle adapters) and EKG printout and spare battery.	
4. Epinephrine HCL	1: 10,000 1 mg/10cc		q. Adult and pediatric monitoring electrodes.	
5. Ventricular dysrhythmic			r. Pacing electrodes, if monitor or defibrillator requires.	
7. Naloxone (Narcan)	1 mg/ml 2 mg amp.		s. Electronic waveform capnography capable of real-time Monitoring and printing record of the intubated patient	
8. Nitroglycerin	0.4 mg spray pump		t. Method of blood glucose monitoring approved by medical director.	
9. Diazepam	5 mg/ml		u. Pediatric length based measurement tape for equipment selection and drug dosage.	
10. Inhalant, Beta Adrenergic agent with nebulizer apparatus, approved by medical director	In nebulizer apparatus		v. Approved sharps container per 64E-16, F.A.C.	
IV SOLUTIONS MINIMUM QTY	MINIMUM AMMOUNTS		w. Flexible suction catheters size 6-8, 10-12, and 14, French	One each
1. Lactated Ringers or Normal Saline		In any combination	Other ALS Requirements	
Medical Equipment			1. Standing orders -- authorized by current medical director within last 24 months	
a. Laryngoscope handle with batteries			2. Controlled substances stored in a locked drug compartment.	
b. Laryngoscope blades, adult, child and infant sizes			3. Controlled substance written vehicle log:	
c. Pediatric IV arm board or splint appropriate for IV stabilization			A. Inventory conducted at beginning and end of shift.	
d. Disposable endotracheal tubes; adult, child and infant sizes (Two each within the ranges 2.5mm - 5.0mm shall be uncuffed; range 5. mm - 7.0mm; 7.5mm - 9.0mm)			B. Log consecutively, permanently numbered pages.	
e. Pediatric and adult endotracheal tube stylets.			C. Log on each vehicle specifies:	
f. Pediatric and adult Magill forceps.			1. Vehicle unit or number;	
g. Device for intratracheal meconium suctioning in newborns			2. Name of employee conducting inventory;	
h. Tourniquets			3. Date and time of inventory;	
i. IV cannulae between 14 and 24 gauge			4. Name, weight, volume or quantity and expiration date of each controlled substance;	
j. Micro drip sets			5. Run report no. (if administered);	
k. Macro drip sets			6. Each amount administered or disposed;	
l. IV pressure infuser			7. Printed name and signature of administering Paramedic or other authorized licensed professional.	
m. Needles between 18 and 25 gauge			8. Printed name and signature of person witnessing the disposal of each unused portion.	

Comments:

I, the undersigned representative of the above service, acknowledge receipt of a copy of this inspection form, applicable supplemental forms and corrective action statement (if applicable). In addition, I am aware of the deficiencies listed (if any) and understand that failure to correct the deficiencies within the established time frames will subject the service and its authorized representatives to administrative action and penalties as outlined in Chapters 401, F.S. and 64E-2, F.A.C. Copy of inspection and Corrective Action Statement received by:

Person in Charge:

Date:

Inspected By:

Date:



STATE OF FLORIDA DEPARTMENT OF HEALTH - EMERGENCY MEDICAL SERVICES BASIC LIFE SUPPORT VEHICLE INSPECTION REPORT (SECTION 401.31, F.S.)															
Service Name: _____		Inspection Date: ____/____/____ Phone: (____) _____													
County: _____		Type of Inspection: <input type="checkbox"/> Initial <input type="checkbox"/> Reinspection <input type="checkbox"/> Random <input type="checkbox"/> Complaint <input type="checkbox"/> Announced <input type="checkbox"/> Unannounced													
Vehicle Information: <input type="checkbox"/> Transport <input type="checkbox"/> Non-Transport Unit# _____		Year/Make _____ Permit Type _____ Permit# _____													
VIN _____		Tag# _____													
Inspection Codes: 1 = Item meets inspection criteria. 1a = Item corrected during inspection to meet criteria. 2 = Items not in compliance with inspection criteria.		Rating Categories: 1 = Lifesaving equipment, medical supplies, drugs, records or procedures 2 = Intermediate support equipment, medical supplies, drugs, records or procedures 3 = Minimal support equipment, medical supplies, records or procedures													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Name</th> <th style="width: 20%;">EMT/PARAMEDIC</th> <th style="width: 20%;">CERTIFICATE NUMBER</th> </tr> </thead> <tbody> <tr><td>1. _____</td><td>_____</td><td>_____</td></tr> <tr><td>2. _____</td><td>_____</td><td>_____</td></tr> <tr><td>3. _____</td><td>_____</td><td>_____</td></tr> </tbody> </table>		Name	EMT/PARAMEDIC	CERTIFICATE NUMBER	1. _____	_____	_____	2. _____	_____	_____	3. _____	_____	_____	Crew credentials: Section 401.27(1) And 401.281, F.S. <input type="checkbox"/>  Minimum = One EMT and One Driver	
Name	EMT/PARAMEDIC	CERTIFICATE NUMBER													
1. _____	_____	_____													
2. _____	_____	_____													
3. _____	_____	_____													
<b>I. VEHICLE REQUIREMENTS</b> (Sections 316 and 401, F.S., Chapter 64J-1, F.A.C. and KKK-A-1822)		4. Roller gauze													
1. Exhaust System		5. ABD (minimum 5x9 inch) pads													
2. Exterior Lights:		2. One pair of Bandage Shears													
A. Head lights (high and low beam)		3. One set each, patient restraints - wrist and ankle													
B. Turn signals		4. One each blood pressure cuffs: infant, pediatric, and adult.													
C. Brake Lights		5. One stethoscope: pediatric and adult													
D. Tail Lights		6. Blankets													
E. Back-up lights and audible warning device		7. Sheets. (not required on non-transport vehicles)													
3. Horn		8. Pillows with waterproof covers and pillowcases or disposable single use pillows. (Not required on non-transport vehicles.)													
4. Windshield wipers		9. One disposable blanket or patient rain cover.													
5. Tires		10. One long spine board and three straps or equivalent.													
6. Vehicle free of rust and dents		11. One short spine board and two straps or equivalent.													
7. Two-way radio communication - radio test		12. One each adult and pediatric cervical immobilization device (CID), approved by the medical director of the service. This approval must be in writing and made available by the provider for the department to review.													
A. Hospital (cab and patient compartment)		13. Set of padding for lateral lower spine immobilization of pediatric patients or equivalent.													
B. Dispatch Center		14. Two portable oxygen tanks, "D" or "E" cylinders, with one regulator and gauge. Each tank must have a minimum pressure of 1000 psi.													
C. Other EMS units		15. Each transparent oxygen masks; adult, child and infant sizes, with tubing													
8. Emergency Lights		16. Set of pediatric and adult nasal cannulae with tubing.													
9. Siren		17. One each hand operated bag-valve mask resuscitators, adult and pediatric accumulator, including adult, child and infant transparent masks capable of use with supplemental oxygen.													
10. Two ABC fire extinguishers fully charged and inspected in brackets. Minimum 1 lbs each.		18. One portable suction, electric or gas powered, with wide bore tubing and tips, which meet the minimum standards as published by the GSA in KKK-A-1822 specifications.													
11. Doors open properly, close securely.		19. Assorted sizes of extremity immobilization devices.													
12. Rear and side view mirrors.		20. One lower extremity traction splint. (Pediatric and Adult)													
13. Windows and windshield		21. One sterile obstetrical kit to include, at minimum, bulb syringe, sterile scissors or scalpel and cord clamps or cord ties.													
<b>II. TRANSPORT VEHICLE REQUIREMENTS</b> (Section 401, F.S., and Chapter 64J-1, F.A.C. and KKK-A-1822)		22. Burn sheets.													
1. Primary stretcher and three straps.		23. One flashlight with batteries.													
2. Auxiliary stretcher and two straps.		24. Occlusive dressings.													
3. Two ceiling mounted IV holders.		25. Assorted sizes of oropharyngeal airways. Pediatric and Adult													
4. Two no-smoking signs.		26. One installed oxygen with regulator gauge and wrench, minimum "M" size cylinder. (Other installed oxygen delivery systems, such as liquid oxygen, as allowed by medical director. This approval must be in writing and available to the department for review.)													
5. Overhead grab rail.		27. Sufficient quantity of gloves - suitable to provide barrier protection from biohazards for all crew members.													
6. Squad bench and three sets of seat belts.		28. Sufficient quantity of each for all crewmembers - Face Masks - both surgical and respiratory protective.													
7. Interior lights.		29. Assorted pediatric and adult sizes rigid cervical collars as approved in writing by the medical director and available for review by the department.													
8. Exterior floodlights.		30. Nasopharyngeal airways, French or mm equivalents (infant, pediatric, and adult)													
9. Loading lights.		31. One approved biohazardous waste plastic bag or impervious container per Chapter 64J-1, F.A.C.													
10. Heat and air conditioning with fan.		31a. Pediatric length based measurement device for equipment selection and drug dosage													
11. Word-"Ambulance" - sides, back and mirror image front.		32. One per crewmember, safety goggles or equivalent meeting A.N.S.I. Z87.1 standard.													
<b>III. MEDICAL EQUIPMENT FOR TESTING</b> (Chapter 64J-1, F.A.C., and KKK-A-1822)		33. One bulb syringe separate from obstetrical kit.													
1. Installed suction. (Transport only)		34. One thermal absorbent reflective blanket.													
a. Items 4, 14, 17, 18 and 26 in section II must be tested.		35. Two multi-trauma dressings.													
<b>IV. MEDICAL SUPPLIES AND EQUIPMENT</b> (Chapter 64J-1, F.A.C., GSA KKK-A-1822)		<b>GENERAL SANITATION</b> (Section 401.26(2)(e), F.S.) I. Vehicle and Contents <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory													
1. Bandaging, dressing and taping supplies:															
a. Rolls adhesive, silk or plastic tape.															
b. Sterile gauze pads, any size															
c. Triangular bandages															
Comments: _____															
the undersigned representative of the above service, acknowledge receipt of a copy of this inspection narrative, applicable supplemental inspection reports and corrective action statement (if applicable). In addition, I a sworn of the deficiencies listed (if any) and understand that failure to correct the deficiencies within the established time frames will subject the service and its authorized representatives to administrative action and penalties as outlined in Section 401, F.S., and Chapter 64J-1, F.A.C. Copy of inspection report and Corrective Action Statement Received by:															
Crew in Charge: _____		Date: _____													
Inspected By: _____		Date: _____													



## ALS Unit Drug Inventory

Unit # \_\_\_\_\_

Date \_\_\_\_\_

Performed By: \_\_\_\_\_

DRUG	CONCENTRATION	REQUIRED STOCK	STATE REQUIRED	TOTAL IN UNIT	EXPIRATION DATE	LOT NUMBER
ADEONSINE	6mg/2ml	5	NO			
ALBUTEROL	2.5mg/3ml	10	YES			
AMIODARONE	150mg/3ml	4	YES			
ASPIRIN	81mg	1 BOTTLE	NO			
ATROPINE	1mg/10ml	4	YES			
CALCIUM CHLORIDE	100mg/ml	2	NO			
DEXTROSE 5% WATER	250ml BAG	1	NO			
DEXTROSE 50%	25g/50ml	2	NO			
DIAZEPAM	50mg/ml MULTIDOSE VIAL	1	NO			
DIPHENHYDRAMINE	50mg/1ml	2	NO			
DOPAMINE	400mg/10ml	1	NO			
EPINEPHRINE 1:1000	1mg/ml	4	YES			
EPINEPHRINE 1:10000	1mg/10ml	6	YES			



UNIT # \_\_\_\_\_ DATE \_\_\_\_\_

DRUG	CONCENTRATION	REQUIRED STOCK	STATE REQUIRED	TOTAL IN UNIT	EXPIRATION DATE	LOT NUMBER
FENTANYL	100mcg/2ml	2	NO			
FUROSEMIDE	40mg/2ml	4	NO			
IPATROPIUM	0.5mg/2.5ml	4	NO			
LABETALOL	100mg/20ml	1	NO			
LACTATED RINGERS	500ml BAG	1	NO			
LIDOCAINE	100mg/20ml	3	NO			
MAG SULFATE	1g/2ml	4	NO			
SOLU-MEDROL	125mg ACTIVIAL	2	NO			
NaCl 0.9% 100ml	100ml BAG	1	NO			
NaCl 0.9% 500ml	500ml BAG	4	YES			
NaCl 0.9% 1000 ml	1000ml BAG	2	YES			
NALOXONE	2mg/2ml	4	YES			
NITROGLYCERINE TABLETS	0.4mg TABLETS	1 BOTTLE	YES			
ODANSETRON	4mg/2ml	2	NO			
SODIUM BICARB	1meq/ml	2	NO			

NAME OF SERVICE: AMERICARE AMBULANCE

## Attachment # 5

DATE: 3/6/25

## VEHICLES

PLEASE FOR EACH VEHICLE TO BE OPERATED BY YOUR SERVICE, PLEASE PROVIDE THE FOLLOWING INFORMATION  
(ATTACH AN ADDITIONAL PAGE IF NECESSARY)

TYPE OF VEHICLE	MODEL	YEAR OF MANUFACTURE	HRS PERMIT NUMBER	MILEAGE HOURS	FAA LICENSE NUMBER/CHASSIS NUMBER	INTERIOR PATENT COMPARTMENT Height Width Length	COLOR SCHEME
AMC 1	TYPE II	2019	5906	164431	1FDBWZCV8KK909444	65.50" X 40.00" X 118.00"	WHITE /YELLOW /BLACK
AMC 2	TYPE II	2021	6602	183886	1FDBR1CG5MKAA05763	65.50" X 40.00" X 118.00"	WHITE/YELLOW/BLACK
AMC 3	TYPE II	2019	5828	311170	1FDBWZCV1KKAZ7859	65.50" X 40.00" X 118.00"	WHITE /YELLOW /BLACK
AMC 4	TYPE II	2019	5907	274990	1FDBWZCVKK808445	65.50" X 40.00" X 118.00"	WHITE /YELLOW /BLACK
AMC 5	TYPE II	2019	6033	186591	3C6TRVDG7KE38937	65.50" X 40.00" X 118.00"	WHITE/YELLOW/BLACK
AMC 6	TYPE II	2019	5724	269445	1FDBWZCVXKKAZ8235	65.50" X 40.00" X 118.00"	WHITE/YELLOW/BLACK
AMC 7	TYPE II	2019	6030	214248	3C6TRVDG1KE38934	65.50" X 40.00" X 118.00"	WHITE/YELLOW/BLACK
AMC 8	TYPE II	2019	5829	273847	1FDBWZCV8KKAZ7860	65.50" X 40.00" X 118.00"	WHITE/YELLOW/BLACK
AMC 9	TYPE II	2019	6031	230402	3C6TRVDG9KE561516	65.50" X 40.00" X 118.00"	WHITE/YELLOW/BLACK
AMC 10	TYPE II	2021	6603	158702	1FDBR1CG0MKAA05766	65.50" X 40.00" X 118.00"	WHITE/YELLOW/BLACK
AMC 11	TYPE II	2016	5729	282098	1GBZGHQ12G1143158	53.40" X 52.70" X 146.20"	WHITE/YELLOW/BLACK
AMC 12	TYPE II	2016	5730	231089	1GBZGHQ19G1147143	53.40" X 52.70" X 146.20"	WHITE/YELLOW/BLACK
AMC 13	TYPE II	2021	6553	194674	1FDBR1CG8MKAA0537	65.50" X 40.00" X 118.00"	WHITE/YELLOW/BLACK
AMC 14	TYPE II	2021	6604	157495	1FDBR1CG8MKAA05765	65.50" X 40.00" X 118.00"	WHITE/YELLOW/BLACK
AMC 15	TYPE II	2021	6554	196999	1FDBR1CG8MKAA0538	65.50" X 40.00" X 118.00"	WHITE/YELLOW/BLACK
AMC 16	TYPE II	2023	7292	21573	3C6RHYIG6PE531664	65.50" X 40.00" X 118.00"	WHITE / YELLOW /BLACK
AMC 17	TYPE II	2021	6605	141902	1FDBR1CG7MKAA05764	65.50" X 40.00" X 118.00"	WHITE/YELLOW/BLACK
AMC 18	TYPE II	2022	6991	82286	3C6LRVDG3NE142047	65.50" X 40.00" X 118.00"	WHITE/YELLOW/BLACK
AMC 19	TYPE II	2022	6992	61862	3C6LRVDG5NE142065	65.50" X 40.00" X 118.00"	WHITE/YELLOW/BLACK
AMC 20	TYPE II	2022	6993	76588	3C6LRVDGNE142048	65.50" X 40.00" X 118.00"	WHITE/YELLOW/BLACK
AMC 21	TYPE II	2016	5642	217651	1GBZGHQ11G1146665	53.40" X 52.70" X 146.20"	WHITE/YELLOW/BLACK
AMC 22	TYPE II	2023	6994	75895	3C6LRVDG6PE525676	65.50" X 40.00" X 118.00"	WHITE/YELLOW/BLACK

AMC 23	TYPE II	2023	6997	80255	3C6LNDG1PE535807	65.50" X 40.00" X 118.00"	WHITE/YELLOW/BLACK
AMC 24	TYPE II	2023	6998	79482	3C6LNDG6PE533051	65.50" X 40.00" X 118.00"	WHITE/YELLOW/BLACK
AMC 25	TYPE II	2023	6999	52496	3C6LNDG3PE535789	65.50" X 40.00" X 118.00"	WHITE/YELLOW/BLACK
AMC 26	TYPE II	2023	7000	76933	3C6LNDG2PE535833	65.50" X 40.00" X 118.00"	WHITE/YELLOW/BLACK
AMC 27	TYPE II	2016	7293	366324	1GBZGHCL5G1146054	53.40" X 52.70" X 146.20"	WHITE/YELLOW/BLACK
AMC 28	TYPE II	2016	7294	342175	1GBZGHCL3G1138860	53.40" X 52.70" X 146.20"	WHITE/YELLOW/BLACK
AMC 31	TYPE II	2015	5743	397946	1GBZGUCLEF1238822	53.40" X 52.70" X 146.20"	WHITE / RED / BLUE
AMC 33	TYPE II	2015	5745	425830	1GBZGUCLEF1238932	53.40" X 52.70" X 146.20"	WHITE / RED / BLUE
630	TYPE III	2014	6167	195305	1GB3Q2CL4E1199523	72" X 67" X 153"	WHITE / RED / BLUE
910	TYPE II	2023	25785	46894	3CGMRVJG9PE538950	53.40" X 52.70" X 146.20"	WHITE/YELLOW/BLACK
915	TYPE II	2019	22992	235051	3C6URVIG3KE523840	65.50" X 40.00" X 118.00"	WHITE/YELLOW/BLACK
920	TYPE II	2023	25786	77175	3CGMRVJG7PE538963	53.40" X 52.70" X 146.20"	WHITE/YELLOW/BLACK
930	TYPE III	2023	26871	1087	1HA6GUC72PN004579	72" X 67" X 153"	WHITE / YELLOW / BLACK
960	TYPE II	2020	23160	229236	3C6URVIGXLE122738	65.50" X 40.00" X 118.00"	WHITE/YELLOW/BLACK
970	TYPE II	2019	22100	288133	1FDBWNCV8KKA38234	65.50" X 40.00" X 118.00"	WHITE/YELLOW/BLACK
980	TYPE III	2016	20051	381825	1GB6GUCLE5G1256389	72" X 67" X 153"	WHITE / YELLOW / BLACK
990	TYPE II	2020	23161	215033	3C6URVIG1LE122739	65.50" X 40.00" X 118.00"	WHITE/YELLOW/BLACK

ELMC FORM 191



## Attachment # 6

Last Name	First Name	Middle Initial	Defensive Driving	Advanced Red Cross	Basic EMT Training	Paramedic Certification Hills Co. Med Dir	EMT License Exp	Training Rec'd Past Year
ABDEIREHIM	TAYLOR		4/23/24	5/31/23	EMT 550215		12/1/26	YES
AGRESTI	SOPHIA		4/23/24	6/21/23	EMT 567517		12/1/26	YES
ALEO	NICOLAS	R	3/20/23	8/20/24	EMT 582128		12/1/26	YES
ALEXIS	ZION		10/22/24	6/27/23	EMT585821		12/1/26	YES
ANDREU	THOMAS		9/10/24	1/10/24	EMT588758		12/1/26	YES
ANDREW	CORY		2/18/25	8/22/24	EMT 591325		12/1/26	YES
ANTAR	AHMAD		10/22/24	9/1/23	PMD 540570	540570	12/1/26	YES
ANTIM	NICHOLAS		11/19/24	3/4/23	EMT584031		12/1/26	YES
BARTLETT	JAMES	A	X	5/31/23	X	ME 106634	1/31/26	YES
BENAVIDEZ	KASEY	C	11/22/23	4/20/23	EMT 566581		12/1/26	YES
BIOMELEY	JOSHUA	E	6/29/22	11/18/24	EMT 578326		12/1/26	YES
BODGER	JOHN		11/19/24	5/25/23	EMT580233		12/1/26	YES
BOHOLAMENSKI	VLADYSLAV	O	11/22/23	8/19/23	EMT 587200		12/1/26	YES
BONNER	ROBERT		4/10/23	3/22/24	EMT 581196		12/1/26	YES
BOUCOURT	KAYMERT		8/29/22	3/11/24	X	PMD 517186	12/1/26	YES
BOYES	TIZAUNI		2/18/25	12/31/24	EMT 575086		12/1/26	YES
BRAMEL	BLAKE	N	9/18/23	9/20/23	EMT 575172		12/1/26	YES
BRAVERMAN	GIL	L	6/5/22	10/19/22	EMT 542081		11/1/26	YES
BURKE	NATHANIEL		10/22/24	3/27/24	EMT589507		12/1/26	YES
CAFARO	ROCCO	G	10/13/23	5/17/23	EMT 584931		12/1/26	YES
CAERO	JOSEPH	M	10/13/23	5/17/23	EMT 585049		12/1/26	YES
CAMPOS	DYLAN		4/2/24	6/22/23	EMT 579530		12/1/26	YES
CASILLO	HARRIS	D	5/30/23	8/23/22	EMT 584166		12/1/26	YES
CASILLO	WILLIAM		10/22/24	4/6/23	EMT588344		12/1/26	YES
CASILLO	JORGE	J	11/22/23	11/29/23	EMT 585702		12/1/26	YES
CHAMIZO-CRUZ	GABRIEL		9/10/24	1/10/24	EMT589321		12/1/26	YES
CHARLOT	ISHAN		9/18/23	5/24/22	EMT 582228		12/1/26	YES
CHENSHAW	TRENTON		1/23/15	9/1/23	X	PMD 533863	12/1/26	YES
CRESPO	ROQUE		2/18/25	10/9/24	EMT 588301		12/1/26	YES
CRUZ	JOSE	D	5/1/22	3/24/22	EMT 582240		12/1/26	YES
DAHLSTROM	OBED		5/30/23	1/12/23	EMT 585134		12/1/26	YES
DELA CRUZ	PHILLIP		11/19/24	6/12/24	EMT575988		12/1/26	YES
DELA CRUZ	CHRISTOPHER		4/2/24	8/23/23	EMT 587344		12/1/26	YES
DEJESUS	BISHOP		12/7/22	1/18/23	EMT 580955		12/1/26	YES
DENINSON	ERIK		2/19/24	3/16/22	EMT 579597		12/1/26	YES
DEER	MASON		6/11/24	1/26/23	EMT 587586		12/1/26	YES
DIAZ	GRACE		5/8/23	8/23/22	EMT 585513		12/1/26	YES
DOWNES	WILLIAM	S	1/29/24	8/24/23	EMT 586360		12/1/26	YES
DRAKE	CHRISTOPHER		1/1/21	12/20/23	EMT 571000		12/1/26	YES
DRIGO	ENOCH		4/23/24	8/24/23	EMT 586285		12/1/26	YES
DUMAS	GREENLY	E	2/26/23	6/17/24	X	PMD 546758	12/1/26	YES
DUNCAN	OLIVA		2/18/25	8/26/24	EMT 591467		12/1/26	YES
ELASRI	ADAM		10/22/24	5/15/24	EMT 589574		12/1/26	YES
ELDRIUGE	HEATHER		8/6/24	12/19/23	X	PMD 545911	12/1/26	YES
ELINGER	ARON		8/6/24	4/22/23	EMT 576314		12/1/26	YES
ELWOOD	HEATH		12/5/21	1/25/23	EMT 576587		12/1/26	YES
EMMANUEL	GARDY-JEAN		10/13/23	8/23/23	EMT 586880		12/1/26	YES
EVERETT	JOSEPH		11/19/24	1/26/23	EMT588566		12/1/26	YES
FERNANDEZ	LOGAN		9/10/24	1/10/24	EMT588692		12/1/26	YES
FLORES	TAYLOR	Y	1/8/24	2/27/23	EMT 584197		12/1/26	YES
FORD	TYLER		2/18/25	1/30/24	EMT 588887		12/1/26	YES
FOWLER	ROBERT	F	10/13/23	5/3/23	EMT 584878		12/1/26	YES



FRANKLIN	ROBERT	J	8/29/22	2/4/23	EMT 583057		12/1/26	YES
GARCIA	ERIN		4/2/24	8/23/23	EMT 587022		12/1/26	YES
GEANEY	DANIEL		1/9/17	5/1/23	X	PMID 526946	12/1/26	YES
GIUSTO	CHRISTOPHER		1/1/21	7/30/21	EMT 561846		12/1/26	YES
GIORISO	CHRISTOPHER		8/6/24	5/28/24	EMT 584504		12/1/26	YES
GRANT	DEVON		1/1/21	1/26/23	EMT 550816		12/1/26	YES
GRIALVA	NICOLAS		2/18/25	5/15/24	EMT 591021		12/1/26	YES
HALEMAN	CHLOE	L	1/29/24	11/14/24	EMT 586176		12/1/26	YES
HART	BRENDON		3/18/25	5/15/24	EMT 590395		12/1/26	YES
HARTBARGER	PHILLIP		11/19/24	9/7/23	EMT 586939		12/1/26	YES
HAWAMDEH	DANA	A	10/13/23	1/15/25	EMT 587144		12/1/26	YES
HERNANDEZ	MARIA	I	11/22/23	3/30/23	EMT 585394		12/1/26	YES
HOCHBERGER	SARAH	K	1/30/23	8/1/22	EMT 582113		12/1/26	YES
HOFFMAN	LOGAN		4/2/24	8/24/23	EMT 587070		12/1/26	YES
HORTLAZ	MERCEDDES		6/11/24	5/17/23	EMT 587671		12/1/26	YES
HOWARD	KATELYN		1/14/25	5/15/24	EMT 590396		12/1/26	YES
IVES	DAVID	G	11/22/23	8/23/22	EMT 584762		12/1/26	YES
JOHNS	AUSTIN	T	10/30/22	8/10/21	EMT 578444		12/1/26	YES
JOHNSON	SHELDON		9/10/24	1/10/24	EMT 588674		12/1/26	YES
JONES	DUSTIN		4/23/24	9/14/23	EMT 589822		12/1/26	YES
KEARNS	ZACHARY		8/14/23	8/15/24	EMT 584488		12/1/26	YES
KERN	BRIAN		1/14/25	1/30/24	EMT 588727		12/1/26	YES
KING	KYLE		8/6/24	9/6/23	EMT 588461		12/1/26	YES
KING	ZHARIA	A	8/30/23	1/26/23	EMT 584176		12/1/26	YES
KOEBLER	EVAN		10/22/24	2/21/24	EMT 589391		12/1/26	YES
KOVACH	KYLE	A	5/30/23	4/29/23	EMT 577113		12/1/26	YES
LADD	KELLY		6/25/19	7/19/23	X	PMID 540414	12/1/26	YES
LAKE CONNON	FRANCESCA		3/18/25	1/22/24	EMT 592063		12/1/26	YES
LEE	JASON		2/18/25	8/26/24	EMT 591388		12/1/26	YES
LEFFLER	JORDYN		8/7/23	11/15/22	EMT 583567		12/1/26	YES
LEMANE	TAJAH		11/19/24	2/8/24	EMT 589495		12/1/26	YES
LUBAS	EMILY	J	10/30/23	5/27/23	EMT 585546		12/1/26	YES
LUKE	CANTUN	E	11/22/23	2/13/25	EMT 584216		12/1/26	YES
LUPANI	CHEYANN		3/11/24	7/28/23	EMT 586683		12/1/26	YES
MARTINEZ	CRISTIAN		6/11/24	2/6/23	EMT 586159		12/1/26	YES
MAZZUCA	ALYSSA		6/11/24	11/14/24	EMT 587708		12/1/26	YES
MCCARTER	COLE		11/19/24	4/13/23	EMT 584700		12/1/26	YES
MCWILLIAMS	CORY		1/14/25	5/15/24	EMT 590912		12/1/26	YES
MEJA	ALEC		7/9/24	1/10/24	EMT 588397		12/1/26	YES
MELLENDEZ	ERIC		1/1/21	10/31/24	X	PMID 520796	12/1/26	YES
MONTOVA GARCIA	NAVLA	J	11/27/22	1/19/22	EMT 583897		12/1/26	YES
MORALES	JUAN CARLOS		7/9/24	1/10/24	EMT 588722		12/1/26	YES
MORRISON	ROBERT		1/1/21	10/31/24	X	PMID 522473	12/1/26	YES
MULVANEY	MEGAN		4/23/24	10/31/23	EMT 560704		12/1/26	YES
MURRISH	WILLIAM	H.	3/18/25	12/1/24	EMT 592077		12/1/26	YES
NASHICK	ADAM		1/1/21	6/30/24	X	PMID 511410	12/1/26	YES
NEAL	DANIEL		1/1/21	6/6/24	X	PMID 523598	12/1/26	YES
NOLTING	DOUGLAS		5/14/21	4/18/23	EMT 586367		12/1/26	YES
PADGETT	BRIANA		1/1/21	5/4/24	EMT 555744		12/1/26	YES
PARKER	CHRISTINA		7/9/24	9/7/23	EMT 590263		12/1/26	YES
PASCOE	SAWYER	C	10/30/23	12/20/23	EMT 580207		12/1/26	YES
PAWLAK	BRIAN	R	1/8/24	4/29/24	X	PMID 538705	12/1/26	YES
PEAK	JUSTIN		10/22/24	5/15/24	EMT 589717		12/1/26	YES
PEDERSON	JORDAN		11/19/24	1/1/21	EMT 558107		12/1/26	YES

PEDREIRA	JOSE	J	10/30/22	8/2/21	EMT 581018		12/1/26	YES
PEREZ	LEASI		3/11/24	9/14/23	EMT 586602		12/1/26	YES
PEREZ III	JOSE		1/1/21	5/11/24	EMT 529767		12/1/26	YES
PEREZ-RAMIREZ	ANDREA	Y	1/29/24	8/24/23	EMT586357		12/1/26	YES
POK	JUSTIN		11/19/24	5/5/24	EMT 589921		12/1/26	YES
POULNOT	CODY		1/1/21	2/22/23	EMT 551926		12/1/26	YES
PRESLEY	TAYLOR		9/10/24	1/30/24	EMT 588723		12/1/26	YES
PRESTA	JOSEPH		10/22/24	2/12/24	X	PMD 518290	12/1/26	YES
PRETO	DAIRO		1/1/21	1/13/25	EMT 548189		12/1/26	YES
QUINN	LOGAN	V	5/30/23	8/23/22	EMT 582848		12/1/26	YES
REESE	JANZON		10/24/21	7/19/24	EMT 575964		12/1/26	YES
REYNOLDS	MYA		11/19/24	4/19/23	EMT 584957		12/1/26	YES
REYNOLDS	DAWN		6/4/23	7/12/23	X	PMD 510789	12/1/26	YES
RICE	SOLSA		10/22/24	1/30/24	EMT589066		12/1/26	YES
RIO	EMILEE		2/18/25	1/25/24	EMT 589091		12/1/26	YES
RIOS-RIVERA	JOSE		1/1/21	8/15/23	EMT 553079		12/1/26	YES
RIVAS	PETER		1/14/25	5/29/24	X	PMD 545514	12/1/26	YES
RIVERA	BRANDYN		4/9/23	4/18/24	EMT 582327		12/1/26	YES
RIVERA	RON		4/2/24	1/10/24	EMT 590078		12/1/26	YES
RIVERA-AMPUDIA	CHRISTIAN		1/29/24	8/23/23	EMT 586224		12/1/26	YES
RODRIGUEZ	DARIO		5/14/24	1/10/24	EMT 588185		12/1/26	YES
RODRIGUEZ	LUIS	J	1/29/24	8/23/23	EMT 586361		12/1/26	YES
ROMAN	SIXTO		1/1/21	3/11/24	EMT 530164		12/1/26	YES
SALTA	THOMAS		1/1/21	1/24/24	EMT 567746		12/1/26	YES
SALAZAR CAUSTIRE	REYCHEL		2/19/24	8/24/23	EMT586289		12/1/26	YES
SANCHEZ	ISAAH		9/10/24	6/2/23	EMT 588025		12/1/26	YES
SANCHEZ	RAMIRO		1/14/25	5/15/24	EMT 589749		12/1/26	YES
SCHUTTE	MICHAEL		2/7/24	8/20/24	EMT 583018		12/1/26	YES
SELLERS	CHARLES	L	10/13/23	5/17/23	EMT 585155		12/1/26	YES
SELVAKUMAR	GAUTHAM		12/29/23	11/14/24	EMT 584416		12/1/26	YES
SEU	MALAKI		1/14/25	8/23/23	EMT 586406		12/1/26	YES
SHARP	LOGAN		1/8/24	2/14/23	EMT 585246		12/1/26	YES
SHERMAN	THEODORE		8/6/24	5/17/23	EMT 542884		12/1/26	YES
SOTO	JOSHUA		8/6/24	2/15/24	X	PMD 542884	12/1/26	YES
SQUILLANTE	JOSEPH		5/11/23	5/11/23	EMT 586852		12/1/26	YES
STAFORD	JUSTIN		8/6/24	1/10/24	EMT 589104		12/1/26	YES
STARLING	CHRISTIAN	T	9/12/21	1/25/23	EMT 575169		12/1/26	YES
STENBECK	ZACHARY	T	5/30/23	9/24/24	X	PMD 547179	12/1/26	YES
STIEBEL	SAMANTHA	J	1/29/24	2/28/24	EMT 580704		12/1/26	YES
STOBO	CHRISTINE		1/23/25	1/23/25	EMT 543007		12/1/26	YES
STUMPF	BRANDON	C	1/29/24	5/17/23	EMT 588386		12/1/26	YES
SYKES	GRAHAM		2/19/24	8/23/23	EMT 586478		12/1/26	YES
THAKKAR	ANALI		5/23/22	4/15/23	EMT575351		12/1/26	YES
THILMAN	JACOB		4/23/24	1/9/23	EMT 574030		12/1/26	YES
TRUJILLO	JOSE	A	1/8/24	8/23/23	EMT 587313		12/1/26	YES
VASQUEZ	ANDY		1/1/21	6/1/23	X	PMD 536051	12/1/26	YES
WEBSTER	JOSHUA		4/23/24	5/13/23	X	PMD 526658	12/1/26	YES
WHALEY	RYAN		11/19/24	1/16/24	EMT 587332		12/1/26	YES
WILLIAMS	MARWAN	Y	4/24/23	6/1/22	EMT 567724		12/1/26	YES
WILLIAMS	SKYLER		3/11/24	5/11/24	EMT 587075		12/1/26	YES
WILLIAMS	MATTHEW		1/1/21	6/6/24	X	PMD 500778	12/1/26	YES
WOON	BENJAMIN	M	1/29/24	1/27/22	EMT 586241		12/1/26	YES
YOCHIM	ERIC		4/23/24	12/18/23	EMT 582653		12/1/26	YES

**Emergency Medical Services  
License Application Profile Report****PROVIDER DATA**

<u>Name:</u>	AMERICARE AMBULANCE SERVICE, INC.	<u>ID NUMBER:</u>	2922	<u>Phone:</u>	813-930-0911
<u>Manager Name:</u>	Jeffrey B Youngblood, CEO	<u>COUNTY:</u>	HILLSBOROUGH	<u>Fax:</u>	866-912-7611
<u>Mailing Address:</u>	11301 US Highway 92 East SEFFNER, FL 33584	<u>Service Type</u>	<u>Email:</u> jeff@americare.net		
<u>Physical Address:</u>	11301 US Highway 92 East SEFFNER, FL 33584	Private Corporation For Profit			

**LICENSE DATA**

<u>Certification Number:</u>	5021	<u>Date Issued:</u>	06/12/2023	<u>Expires:</u>	06/24/2025
<u>Status:</u>	CLEAR				
<u>Service Type:</u>	ALS	<u>Amount Required:</u>	\$2,175.00	<u>Amount paid:</u>	\$2,175.00

**PRIMARY MEDICAL DIRECTOR DATA**

<u>Name:</u>	BARTLETT, JAMES ALLEN	<u>License Number:</u>	ME 106634	<u>License Expires:</u>	01/31/2026
<u>Phone:</u>	813-447-7594	<u>DEA Reg. #:</u>	FB1033935	<u>DEA Reg. Expires:</u>	07/31/2027
		<u>Contract End Date:</u>	12/10/2025		
<u>Address:</u>	11301 US Highway 92 East SEFFNER FL 33584				

**SECONDARY MEDICAL DIRECTOR DATA**

<u>Name:</u>	<u>License Number:</u>	<u>License Expires:</u>
<u>Phone:</u>	<u>DEA Reg. #:</u>	<u>DEA Reg. Expires:</u>
	<u>Contract End Date:</u>	
<u>Address:</u>		



**INSURANCE DATA**Insurance CompanyType of InsuranceInsurance Expiration DateBrideway Ins. Co.  
Old Republic Ins. Co.Professional Liability  
Vehicle Liability06/01/2025  
06/01/2025**SERVICE AREA DATA**County of ServiceDate Certificate of Public Convenience and  
Necessity ExpiresHillsborough  
POLK08/31/2027  
01/25/2025



**VEHICLE DATA**

Permit #	Type	Sub-Type	Make	Model	Year	License Status	Issue Date	Vehicle Identifier	Permit Fee
20051	ALS	T	CHEVY	G4500	2016	Clear	08/16/2016	1GB6UCL5G1256369	25.00
21881	ALS	T	CHEVY	3500	2016	Clear	11/20/2018	1GBZGHCL5G1146054	25.00
21882	ALS	T	CHEVY	3500	2016	Null and Void	11/20/2018	1GBZGHCL3G1138860	25.00
22100	ALS	T	FORD	T350	2019	Clear	03/11/2019	1FDBW2CV8KKA38234	25.00
22992	ALS	T	DODGE	RAM 3500	2019	Clear	05/22/2020	3C6URVJG3KE523840	25.00
23160	ALS	T	DODGE	3500	2020	Clear	09/14/2020	3C6URVJGXLE122738	25.00
23161	ALS	T	DODGE	3500	2020	Clear	09/14/2020	3C6URVJG1LE122739	25.00
25785	ALS	T	DODGE	3500 PROMASTER	2023	Clear	02/02/2024	3C6MRVJG9PE538950	25.00
25786	ALS	T	DODGE	3500 PROMASTER	2023	Clear	02/02/2024	3C6MRVJG7PE538963	25.00
26871	ALS	T	CHEVROLET	G4500	2023	Clear	02/28/2025	1HA6GUC72PN004579	25.00
5642	BLS	T	CHEVY	3500	2016	Clear	11/20/2018	1GBZGHCL1G1146665	25.00
5724	BLS	T	FORD	T350	2019	Clear	03/11/2019	1FDBW2CVXKKA38235	25.00
5729	BLS	T	CHEVY	3500	2016	Clear	03/11/2019	1GBZGHCL2G1143158	25.00
5730	BLS	T	CHEVY	2500	2016	Clear	03/11/2019	1GBZGHCL9G1147143	25.00
5734	BLS	T	FORD	T250	2016	Clear	03/11/2019	1FDYR2CV8FKB33514	25.00
5742	BLS	T	CHEVY	3500	2015	Clear	03/11/2019	1GBZGUCL4F1236951	25.00
5743	BLS	T	CHEVY	3500	2015	Clear	03/11/2019	1GBZGUCL3F1238822	25.00
5744	BLS	T	CHEVY	3500	2015	Clear	03/11/2019	1GBZGUCL4F1237436	25.00
5745	BLS	T	CHEVY	3500	2015	Clear	03/11/2019	1GBZGUCLXF1238932	25.00
5747	BLS	T	CHEVY	4500	2015	Clear	03/11/2019	1GB6G5CL7F1144323	25.00
5828	BLS	T	FORD	T350	2019	Clear	06/13/2019	1FDBW2CV1KKA77859	25.00
5829	BLS	T	FORD	T350	2019	Clear	06/13/2019	1FDBW2CV8KKA77860	25.00
5906	BLS	T	FORD	T350	2019	Clear	08/21/2019	1FDBW2CV8KKB08444	25.00
5907	BLS	T	FORD	T350	2019	Clear	08/21/2019	1FDBW2CVXKKB08445	25.00
6030	BLS	T	DODGE	RAM 2500	2019	Clear	03/12/2020	3C6TRVDG1KE536934	25.00
6031	BLS	T	DODGE	RAM 2500	2019	Clear	03/12/2020	3C6TRVDG9KE561516	25.00
6033	BLS	T	DODGE	RAM 2500	2019	Clear	03/12/2020	3C6TRVDG7KE536937	25.00
6167	BLS	T	CHEVY	4500	2016	Clear	09/14/2020	1GB6GUCL0G1336226	25.00
6168	BLS	T	CHEVY	4500	2014	Clear	09/14/2020	1GB3G2CL4E1199523	25.00
6553	BLS	T	FORD	T250	2021	Clear	10/28/2021	1FDBR1CG6MKA40537	25.00
6554	BLS	T	FORD	T250	2021	Clear	10/28/2021	1FDBR1CG8MKA40538	25.00
6602	BLS	T	FORD	T250	2021	Clear	01/14/2022	1FDBR1CG5MKA05763	25.00
6603	BLS	T	FORD	T250	2021	Clear	01/14/2022	1FDBR1CG0MKA05766	25.00
6604	BLS	T	FORD	T250	2021	Clear	01/14/2022	1FDBR1CG9MKA05765	25.00
6605	BLS	T	FORD	T250	2021	Clear	01/14/2022	1FDBR1CG7MKA05764	25.00
6991	BLS	T	DODGE	2500	2022	Clear	06/12/2023	3C6LRVDG3NE142047	25.00
6992	BLS	T	DODGE	2500	2022	Clear	06/12/2023	3C6LRVDG5NE142065	25.00
6993	BLS	T	DODGE	2500	2022	Clear	06/12/2023	3C6LRVDGNE142048	25.00
6994	BLS	T	DODGE	2500	2023	Clear	06/12/2023	3C6LRVDG6PE525676	25.00
6997	BLS	T	DODGE	2500	2023	Clear	07/11/2023	3C6LRVDG1PE535807	25.00
6998	BLS	T	DODGE	2500	2023	Clear	07/11/2023	3C6LRVDG6PE533051	25.00
6999	BLS	T	DODGE	2500	2023	Clear	07/11/2023	3C6LRVDG3PE535789	25.00
7000	BLS	T	DODGE	2500	2023	Clear	07/11/2023	3C6LRVDG2PE535833	25.00
7292	BLS	T	DODGE	3500 PROMASTER	2023	Clear	02/02/2024	3C6MRVJG6PE531664	25.00
7293	BLS	T	CHEVROLET	3500 EXPRESS	2016	Clear	02/02/2024	1GBZGHCL5G1146054	25.00
7294	BLS	T	CHEVROLET	3500 EXPRESS	2016	Clear	02/02/2024	1GBZGHCL3G1138860	25.00

Count of vehicles with status of "Issued"

<u>Total</u>	<u>BLS</u>	<u>ALS (Transport)</u>	<u>ALS (Non-Transport)</u>	<u>AIR</u>
45	36	9	0	0

## Attachment # 8

### Emergency Disaster Response

AmeriCare Ambulance will assist Polk County Fire Rescue or any other fire department within Polk County, hospitals, medical facilities, and other EMS providers during all natural disasters and/or facility emergencies when necessary.

**AmeriCare Ambulance Service Published Rate Sheet**

**UPDATE 2/12/2025**

<b>RATE DESCRIPTION</b>	<b>PUBLISHED RATES</b>	<b>HCPCS CODE</b>
<b>Advanced Life Support Ambulance (ALS)</b>		
ALS-1 Emergency	\$898.64	A0427
ALS-1 Non-Emergency	\$797.88	A0426
ALS-2 Emergency	\$1,054.02	A0433
ALS SCT Emergency	<u>\$1,145.40</u>	A0434
ALS Mileage	\$15.43	A0425
ALS Wait Time (per 15 minutes)	\$60.63	n/a
<b>Basic Life Support Ambulance (BLS)</b>		
BLS Emergency	\$627.52	A0429
BLS Non-Emergency	\$430.57	A0428
BLS Mileage	\$15.43	A0425
BLS Wait Time (per 15 minutes)	\$38.58	n/a



## REQUEST FOR LEGAL SERVICES

To: County Attorney's Office  
Attention: BREEZI HICKS

From: Sheila Cox, Drawer No. F03

Dept: FIRE RESCUE Ext.         

Date: 3/25/2025

Request (in detail): COPCN AmeriCare Ambulance renewal

*3/28/25 - good to go*

Please indicate any time limits involved and attach all necessary documentation.

*[Signature]*

For County Attorney office use only:

Assign to: BREEZI

County Attorney

Date: MAR 26 2025

County Attorney Project No.: 2025-251

Logged out: 3-28-25



DOCUMENT CONTAINS COLORED BACKGROUND ON WHITE PAPER. "VOID" FEATURE, SIMULATED WATERMARK (REVERSE SIDE) MICRO-PRINT BORDER.

Account: **PAYMENT**

PLEASE POST THIS PAYMENT FOR OUR MUTUAL CUSTOMER

**\$300.00**

AMERICARE AMBULANCE SERVI  
11301 E US HIGHWAY 92  
SEFFNER, FL 33584-3350

Please Direct Any Questions To  
(800) 243-2508  
Online Bill Payment Processing Center

215/631

0000976398

**April 09, 2025**

MEMO: COPCN Fee

TRUIST BANK

14529 8826412 014541 014541 0001/0001 k014529

Pay **THREE HUNDRED AND 00/100** -----

**DOLLARS**

TO  
THE  
ORDER  
OF

POLK COUNTY FIRE RESCUE  
ATTN SHEILA COX  
1295 BRICE BLVD  
BARTOW, FL 33830-6735



14529

\$ \*\*\*\*\*300.00



Void After 180 DAYS.  
*Signature On File*  
This check has been authorized  
by your depositor

⑈976398⑈ ⑆063102152⑆ 0098020394882⑈ 98

AFFIDAVIT OF PUBLICATION

**Lakeland Sun**

Published Weekly

Winter Haven, Polk County, Florida

Case No. Americare Ambulance Services

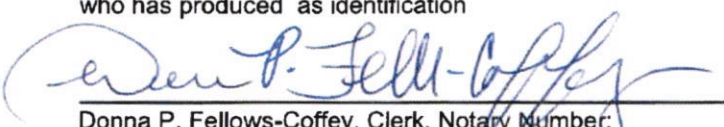
STATE OF FLORIDA  
COUNTY OF POLK

Before the undersigned authority personally appeared Anita Swain, who on oath says that she is the Legal Clerk of Lakeland Sun, a newspaper published at Winter Haven in Polk County, Florida, and that the attached copy of advertisement, being a Public Notice, was published in a newspaper by print in the issues of Polk Sun on:

April 16, 2025

Affiant further says that the newspaper complies with the legal requirements for publication in Chapter 50, Florida Statutes.

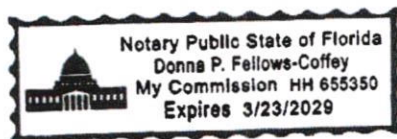
Sworn to and subscribed before me this 16th day of April 2025 by Anita Swain, who is personally known to me or who has produced as identification

  
Donna P. Fellows-Coffey, Clerk, Notary Number:  
#HH655350

Notary expires: March 23, 2029

00023520 00182259 863-519-7439

Polk County Fire Rescue  
1295 Brice Blvd  
Bartow, FL 33830



**NOTICE**

**YOU ARE HEREBY NOTICED** pursuant to Polk County Ordinance 12-029, that **Americare Ambulance Services, Inc.**, a licensed for-profit pre-hospital ambulance provider by the State of Florida, Department of Health has submitted an initial application of their Type G & Type H Certificate of Public Convenience and Necessity (COPCN) to operate an Advance Life Support Inter-facility Transport Service within the geographical bounds of Polk County, including all incorporated areas. This level of service encompasses ambulance transport of medically necessary patients to and from medical facilities. This does not include any 911 prehospital responses. In accordance with Polk County Ordinance 12-029 further information on the application is available at the Polk County Fire Rescue Administrative Offices; 1295 Brice Blvd. Bartow, Florida 33830. Any interested person who may be substantially affected by the proposed operation may, within thirty (30) days, file a written objection to the application, specifying the reason therefore, to Polk County Fire Rescue; 1295 Brice Blvd., Bartow, Florida 33830; Attn: Office of Medical Director.  
April 16, 2025 182259

## Cox, Sheila

---

**From:** Cox, Sheila  
**Sent:** Wednesday, April 9, 2025 4:05 PM  
**To:** Anita Swain  
**Subject:** Polk County COPCN  
**Attachments:** Public Notice COPCN Letter.docx

Good afternoon,

Can we please add attached COPCN in the next available paper and charge to my P-card ending in 1537.

Thank you and have a great day,

*Sheila Cox*

OMD Secretary II  
Polk County Fire Rescue  
Office: 863-519-7402  
Fax: 863-519-7439

[sheilacox@polk-county.net](mailto:sheilacox@polk-county.net)

Like Us - [Facebook.com/PolkFire](https://www.facebook.com/PolkFire)

Follow us on Twitter @PolkFire



# Advertising Receipt

## Winter Haven Sun

DR Media and Investments  
Department 27770  
PO Box 160507  
Altamonte Springs, FL 32716-0507  
Phone: 863-533-4183

1

Polk County Fire Rescue  
1295 Brice Blvd  
Bartow, FL 33830

Acct #: 00023522  
Phone: (863)519-7402  
Date: 04/14/2025  
Ad #: 00182259  
Salesperson: 802 Ad Taker: 802

Class: 0138

Sort Line: Americare Ambulance Services

Ad Notes: SheilaCox@polk-county.net  
linsey.wright@polk-county.net

Description	Start	Stop	Ins.	Cost/Day	Amount
420 Lakeland Sun	04/16/2025	04/16/2025	1	47.00	47.00
AFFI Affidavit Charge For Legals					5.00

### Ad Text:

NOTICE  
YOU ARE HEREBY NOTICED pursuant to Polk County Ordinance 12-029, that Americare Ambulance Services, Inc., a licensed for-profit pre-hospital ambulance provider by the State of Florida, Department of Health has submitted an initial application of their Type G & Type H Certificate of Public Convenience and Necessity (COPCN) to operate an Advance Life Support Inter-facility Transport Service within the geographical bounds of Polk County, including all incorporated areas. This level of service encompasses ambulance transport of medically necessary patients to and from medical facilities. This does not include any 911 prehospital responses. In accordance with Polk County Ordinance 12-029 further information on the application is

### Payment Reference:

Credit Card #XXXX1537 \$-52.00

Total: 52.00  
Tax: 0.00  
Net: 52.00  
Prepaid: -52.00

**Total Due 0.00**



# LEGALS

## Tax Deeds

### NOTICE OF APPLICATION FOR A TAX DEED

NOTICE IS HEREBY GIVEN THAT GERRY S. YOUNG, the holder of the following certificate, has filed said certificate for a tax deed to be issued thereon. The certificate number, the description of the property, and the name in which it was assessed are as follows:

Certificate No. 16406.0000

Year of Issuance 2022

Tax Deed Number: 00092-2025

Description of Property:

INDIAN LAKE EST UNIT 14 SEC 18

31 30 PB 40 PG 21 BLK 389 LOT 2

SUBJECT TO 2024 TAXES

Parcel ID:

30-31-18-0941-4003-8923

Property Address: 0 JAPONICA DR INDIAN LAKE ESTATES FL 33855 United States

Name in which Assessed:

J. MILDRED MURPHY

All of said property being in the county of Polk, State of Florida, unless such certificate(s) shall be deemed according to law, the property described in such certificate(s) will be sold to the highest bidder on-line at [www.polkrealtax.com](http://www.polkrealtax.com) on May 15th, 2025 at 9:30 A.M. or any subsequently scheduled sale date.

Dated this 18th day of March, 2025

Signature Stacy M. Butterfield

Clerk of Circuit Court of Polk County, Florida

(SEAL)

Date of Publication: 04/02/2025

04/09/2025, 04/16/2025, 04/23/2025

WARNING

THERE ARE UNPAID TAXES ON THE PROPERTY WHICH YOU OWN, IN WHICH YOU HAVE A LEGAL INTEREST, OR IS CONTIGUOUS TO YOUR PROPERTY.

THE PROPERTY WILL BE SOLD AT PUBLIC AUCTION ON 15th DAY OF MAY, 2025 at 9:30 A.M. UNLESS BACK TAXES ARE PAID.

Make all payments to the Tax Collector of Polk County. Payment must be in the form of cashier's check or money order and made payable to: Tax Collector, Polk County. To receive further information regarding the scheduled auction, contact the Polk County Clerk, Tax Deed Department, at P.O. Box 9000, Drawer CC-8, Bartow, FL 33831-9000 or by phone at (863)54-4628.

April 2, 9, 16, 23, 2025 181376

NOTICE OF APPLICATION FOR A TAX DEED

NOTICE IS HEREBY GIVEN THAT GERRY S. YOUNG, the holder of the following certificate, has filed said certificate for a tax deed to be issued thereon. The certificate number, the description of the property, and the name in which it was assessed are as follows:

Certificate No. 16406.0000

Year of Issuance 2022

Tax Deed Number: 00098-2025

Description of Property:

INDIAN LAKE EST UNIT 14 SEC 18

31 30 PB 40 PG 21 BLK 389 LOT 1

SUBJECT TO 2024 TAXES

Parcel ID:

30-31-18-0941-4003-9101

Property Address: 0 PORTUCALEA DR INDIAN LAKE ESTATES FL 33855 United States

Name in which Assessed:

CHRISTOPHER FAIRON

All of said property being in the county of Polk, State of Florida, unless such certificate(s) shall be deemed according to law, the property described in such certificate(s) will be sold to the highest bidder on-line at [www.polkrealtax.com](http://www.polkrealtax.com) on May 15th, 2025 at 9:30 A.M. or any subsequently scheduled sale date.

Dated this 18th day of March, 2025

Signature Stacy M. Butterfield

Clerk of Circuit Court of Polk County, Florida

(SEAL)

Date of Publication: 04/02/2025

04/09/2025, 04/16/2025, 04/23/2025

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April 2, 9, 16, 23, 2025 181372

NOTICE OF APPLICATION FOR A TAX DEED

NOTICE IS HEREBY GIVEN THAT GERRY S. YOUNG, the holder of the following certificate, has filed said certificate for a tax deed to be issued thereon. The certificate number, the description of the property, and the name in which it was assessed are as follows:

Certificate No. 16406.0000

Year of Issuance 2022

Tax Deed Number: 00098-2025

Description of Property:

INDIAN LAKE EST UNIT 14 SEC 18

31 30 PB 40 PG 21 BLK 389 LOT 7

SUBJECT TO 2024 TAXES

Parcel ID:

30-31-18-0941-4003-9007

Property Address: CALENDAULA DR INDIAN LAKE ESTATES FL 33855 United States

Name in which Assessed:

BARBARA BEAUSEJOUR

All of said property being in the county of Polk, State of Florida, unless such certificate(s) shall be deemed according to law, the property described in such certificate(s) will be sold to the highest bidder on-line at [www.polkrealtax.com](http://www.polkrealtax.com) on May 15th, 2025 at 9:30 A.M. or any subsequently scheduled sale date.

Dated this 18th day of March, 2025

Signature Stacy M. Butterfield

Clerk of Circuit Court of Polk County, Florida

(SEAL)

Date of Publication: 04/02/2025

04/09/2025, 04/16/2025, 04/23/2025

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April 2, 9, 16, 23, 2025 181368

NOTICE OF APPLICATION FOR A TAX DEED

NOTICE IS HEREBY GIVEN THAT GERRY S. YOUNG, the holder of the following certificate, has filed said certificate for a tax deed to be issued thereon. The certificate number, the description of the property, and the name in which it was assessed are as follows:

Certificate No. 16406.0000

Year of Issuance 2022

Tax Deed Number: 00094-2025

Description of Property:

INDIAN LAKE EST UNIT 14 SEC 18

31 30 PB 40 PG 21 BLK 390 LOT 9

SUBJECT TO 2024 TAXES

Parcel ID:

30-31-18-0941-4003-9009

Property Address: 0 CALENDAULA DR INDIAN LAKE ESTATES FL 33855 United States

Name in which Assessed:

ARTHUR C. TRUCKENBRODT

All of said property being in the county of Polk, State of Florida, unless such certificate(s) shall be deemed according to law, the property described in such certificate(s) will be sold to the highest bidder on-line at [www.polkrealtax.com](http://www.polkrealtax.com) on May 15th, 2025 at 9:30 A.M. or any subsequently scheduled sale date.

Dated this 18th day of March, 2025

Signature Stacy M. Butterfield

Clerk of Circuit Court of Polk County, Florida

(SEAL)

Date of Publication: 04/02/2025

04/09/2025, 04/16/2025, 04/23/2025

## Tax Deeds

### NOTICE OF APPLICATION FOR A TAX DEED

NOTICE IS HEREBY GIVEN THAT GERRY S. YOUNG, the holder of the following certificate, has filed said certificate for a tax deed to be issued thereon. The certificate number, the description of the property, and the name in which it was assessed are as follows:

Certificate No. 16407.0000

Year of Issuance 2022

Tax Deed Number: 00088-2025

Description of Property:

INDIAN LAKE EST UNIT 14 SEC 18

31 30 PB 40 PG 21 BLK 391 LOT 1

SUBJECT TO 2024 TAXES

Parcel ID:

30-31-18-0941-4003-9101

Property Address: 0 PORTUCALEA DR INDIAN LAKE ESTATES FL 33855 United States

Name in which Assessed:

CHRISTOPHER FAIRON

All of said property being in the county of Polk, State of Florida, unless such certificate(s) shall be deemed according to law, the property described in such certificate(s) will be sold to the highest bidder on-line at [www.polkrealtax.com](http://www.polkrealtax.com) on May 15th, 2025 at 9:30 A.M. or any subsequently scheduled sale date.

Dated this 18th day of March, 2025

Signature Stacy M. Butterfield

Clerk of Circuit Court of Polk County, Florida

(SEAL)

Date of Publication: 04/02/2025

04/09/2025, 04/16/2025, 04/23/2025

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April 2, 9, 16, 23, 2025 181375

NOTICE OF APPLICATION FOR A TAX DEED

NOTICE IS HEREBY GIVEN THAT GERRY S. YOUNG, the holder of the following certificate, has filed said certificate for a tax deed to be issued thereon. The certificate number, the description of the property, and the name in which it was assessed are as follows:

Certificate No. 16420.0000

Year of Issuance 2022

Tax Deed Number: 00088-2025

Description of Property:

INDIAN LAKE EST UNIT 14 SEC 18

31 30 PB 40 PG 21 BLK 396 LOT 2

SUBJECT TO 2024 TAXES

Parcel ID:

30-31-18-0941-4003-9602

Property Address: 0 THORACANA DR INDIAN LAKE ESTATES FL 33855 United States

Name in which Assessed:

LOUISE C. CLECKLEY

All of said property being in the county of Polk, State of Florida, unless such certificate(s) shall be deemed according to law, the property described in such certificate(s) will be sold to the highest bidder on-line at [www.polkrealtax.com](http://www.polkrealtax.com) on May 15th, 2025 at 9:30 A.M. or any subsequently scheduled sale date.

Dated this 18th day of March, 2025

Signature Stacy M. Butterfield

Clerk of Circuit Court of Polk County, Florida

(SEAL)

Date of Publication: 04/02/2025

04/09/2025, 04/16/2025, 04/23/2025

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April 2, 9, 16, 23, 2025 181372

NOTICE OF APPLICATION FOR A TAX DEED

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Certificate No. 16406.0000

Year of Issuance 2022

Tax Deed Number: 00098-2025

Description of Property:

INDIAN LAKE EST UNIT 14 SEC 18

31 30 PB 40 PG 21 BLK 391 LOT 1

SUBJECT TO 2024 TAXES

Parcel ID:

30-31-18-0941-4003-9124

Property Address: 0 CALENDAULA DR INDIAN LAKE ESTATES FL 33855 United States

Name in which Assessed:

GUERDA VIXAMA

All of said property being in the county of Polk, State of Florida, unless such certificate(s) shall be deemed according to law, the property described in such certificate(s) will be sold to the highest bidder on-line at [www.polkrealtax.com](http://www.polkrealtax.com) on May 15th, 2025 at 9:30 A.M. or any subsequently scheduled sale date.

Dated this 18th day of March, 2025

Signature Stacy M. Butterfield

Clerk of Circuit Court of Polk County, Florida

(SEAL)

Date of Publication: 04/02/2025

04/09/2025, 04/16/2025, 04/23/2025

WARNING

THERE ARE UNPAID TAXES ON THE PROPERTY WHICH YOU OWN, IN WHICH YOU HAVE A LEGAL INTEREST, OR IS CONTIGUOUS TO YOUR PROPERTY.

THE PROPERTY WILL BE SOLD AT PUBLIC AUCTION ON 15th DAY OF MAY, 2025 at 9:30 A.M. UNLESS BACK TAXES ARE PAID.

Make all payments to the Tax Collector of Polk County. Payment must be in the form of cashier's check or money order and made payable to: Tax Collector, Polk County. To receive further information regarding the scheduled auction, contact the Polk County Clerk, Tax Deed Department, at P.O. Box 9000, Drawer CC-8, Bartow, FL 33831-9000 or by phone at (863)54-4628.

April 2, 9, 16, 23, 2025 181373

NOTICE OF APPLICATION FOR A TAX DEED

NOTICE IS HEREBY GIVEN THAT GERRY S. YOUNG, the holder of the following certificate, has filed said certificate for a tax deed to be issued thereon. The certificate number, the description of the property, and the name in which it was assessed are as follows:

Certificate No. 16421.0000

Year of Issuance 2022

Tax Deed Number: 00098-2025

Description of Property:

INDIAN LAKE EST UNIT 14 SEC 18

31 30 PB 40 PG 21 BLK 396 LOT 6

SUBJECT TO 2024 TAXES

Parcel ID:

30-31-18-0941-4003-9606

Property Address: 0 THORACANA DR INDIAN LAKE ESTATES FL 33855 United States

Name in which Assessed:

CHARLES E. HOCH

All of said property being in the county of Polk, State of Florida, unless such certificate(s) shall be deemed according to law, the property described in such certificate(s) will be sold to the highest bidder on-line at [www.polkrealtax.com](http://www.polkrealtax.com) on May 15th, 2025 at 9:30 A.M. or any subsequently scheduled sale date.

Dated this 18th day of March, 2025

Signature Stacy M. Butterfield

Clerk of Circuit Court of Polk County, Florida

(SEAL)

Date of Publication: 04/02/2025

04/09/2025, 04/16/2025, 04/23/2025

## Tax Deeds

### NOTICE OF APPLICATION FOR A TAX DEED

NOTICE IS HEREBY GIVEN THAT GERRY S. YOUNG, the holder of the following certificate, has filed said certificate for a tax deed to be issued thereon. The certificate number, the description of the property, and the name in which it was assessed are as follows:

Certificate No. 16406.0000

Year of Issuance 2022

Tax Deed Number: 00098-2025

Description of Property:

INDIAN LAKE EST UNIT 14 SEC 18