



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

---

8. State the facts showing the demand or the need for the level of service in the geographical area being applied for:  
 The population of Polk County is rapidly increasing to over 1 million residence.. Local area hospitals are overcrowded and in need additional transport services to help with discharges. Skilled nursing homes are in need of additional transport services to ease the time it takes to get patient's to their medical appointments. Behavioral health is an increasing problem. Patients need trained medical proffesionalns to assist in transporting them to the proner facilities

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9. Give a detailed description of the equipment the applicant will utilize in the service (attach separate sheet if needed). Also, complete the vehicle roster attached.  
 Go Logix will be using a combination of BLS stocked Type I, II, or III ambulances.

---

10. Number of personnel to staff each unit? 2 Complete the personnel roster attached.

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)

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
<u>950 W DERBY AV</u>	<u>BASE</u>	<u>24 HOURS A DAY</u>	<u>9AM-5PM</u>	<u>863-664-0196</u>
<u>AUBRNEDALE FL</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
<u>33823</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>

13. Does the service have "back-up" availability in case a unit breaks down or multiple calls?  
 YES  NO  If Yes, explain procedure:  
 Go Logix will dispatch a back of unit from our base to replace a unit if necessary or put into service for additional calls

---

14. Provide written documentation to assist Polk County Fire Rescue and any other emergency services during a disaster situation.

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

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

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

Land <sup>X</sup> \_\_\_\_\_ Water \_\_\_\_\_ Air \_\_\_\_\_

18. 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.

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

20. Rate schedule – Provide a listing of all rates/charges for your service to provide the level applied for.

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

- a. To indemnify Polk County for any claims or losses arising out of applicant's operations;
- b. Applicant will comply with all state and county laws and regulations;
- c. Provide continuous and uninterrupted service to the extent and for the area authorized by the COPCN;
- d. 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;
- e. Keep posted at all the principal business locations in Polk County a copy of the COPCN and any rate or fee schedule;
- f. Provide proof of insurance in amounts required by the Board of County Commissioner through the Risk Management Department;
- g. 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;
- h. 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
- i. Operate in conformance with state law, Polk County Ordinance-12-029 and all rules and regulation 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.

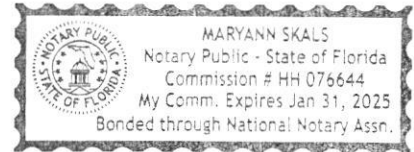
Scott Walsh  
Signature of Applicant

CEO  
Title

8/10/2023  
Date

STATE OF FLORIDA  
COUNTY OF Hillsborough

This foregoing instrument was acknowledged before me  
this 10 day of August, 2023, by  
Scott Walsh  
as CEO (title)  
for Go Logix LLC  
(Company Name)



Maryann Skals  
Notary Signature

NOTARY SEAL/STAMP

Personally Known  OR Produced Identification   
Type of Identification produced: FL DL

Mail completed application and supporting documents to:  
Polk County Fire Rescue  
Attn: Raf Vittone, Deputy Chief of Medical Services  
P.O. Box 1458  
Bartow, FL 33831

For all questions or additional information please contact:  
Raf Vittone, Deputy Chief of Medical Services  
rafvittone@polk-county.net  
863-519-7413



**STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
BUREAU OF EMERGENCY MEDICAL OVERSIGHT**

**BASIC LIFE SUPPORT SERVICE LICENSE**

This is to certify that \_\_\_\_\_ **GO LOGIX, LLC** \_\_\_\_\_ **Provider Number #: 9000**  
Name of Provider

\_\_\_\_\_  
**950 WEST DERBY AVENUE, AUBURNDALE, FLORIDA 33823**

Address

has complied with Chapter 401, Florida Statutes, and Chapter 64J-1, Florida Administrative Code, and is authorized to operate as an  
Basic Life Support Service subject to any and all limitations specified in the applicable Certificate(s) of Public Convenience and  
Necessity and/or Mutual Aid Agreements for the County(s) listed below:

\_\_\_\_\_  
**OSCEOLA, POLK**

County(s)

\_\_\_\_\_  
Michael Hall, Section Administrator  
Emergency Medical Services  
Florida Department of Health

**THIS CERTIFICATE EXPIRES ON: 07/30/2024**

This certificate shall be posted in the above mentioned establishment



Polk County,

This letter is to acknowledge that Gologix EMS will assist Polk County Fire and Rescue and any other Emergency Service with services during a disaster.

Sincerely,

A handwritten signature in black ink that reads "Scott Waxler". The signature is written in a cursive style.

Scott Waxler

CEO Gologix LLC

8/4/2023

2406 E. State Rd 60 E Unit 58

Phone: 813-335-2028 | Email: [gologixllc@gmail.com](mailto:gologixllc@gmail.com)

# GOLOGIX AMBULANCE ROSTER

YEAR	MAKE	MODEL	VIN	TYPE
2003	FORD	E450	1FDXE45F73HB58583	AMBULANCE
2002	FORD	E450	1FDXE45F82HA94570	AMBULANCE
2003	FORD	E450	1FDXE45F53HB64740	AMBULANCE
2021	DODGE	PROMASTER	3C6LRVDG3ME51119	AMBULANCE
2021	FORD	TRANSIT	1FDBR1CGXMKA38886	AMBULANCE
2022	FORD	TRANSIT	1FDBR1CG2NKA76212	AMBULANCE
2023	FORD	TRANSIT	1FDBR1CG5PKA23507	AMBULANCE

## GOLOGIX STAFFING ROSTER

First Name	Last Name	Department Name	Active Status
BRANDON	ADKINSON	EMT	ACTIVE
TAREK	ALY	EMT	ACTIVE
LEVAUGHN	AWKARD	EMT	ACTIVE
ROD	BOSTIC	DRIVER	ACTIVE
OSIANA	BROOKS	EMT	ACTIVE
TAREN	BROWN	EMT	ACTIVE
Gabriel	Carlson	EMT	ACTIVE
Karissa	Carpentier	EMT	ACTIVE
JOEL	CARTAGENA	DRIVER	ACTIVE
DANIEL	CHICAS	EMT	ACTIVE
JOSHUA	CONNORS	DRIVER	ACTIVE
Sean Tyler	Day	EMT	ACTIVE
Brandon	Dupree	EMT	ACTIVE
IFIOK	EDEMIDIONG	EMT	ACTIVE
Jarod	Eldstrom	EMT	ACTIVE
Mollie	Evans	EMT	ACTIVE
STEPHANIE	GARCIA	EMT	ACTIVE
Darryl	Goodman	EMT	ACTIVE
KENNEDI	HOLBERT	DRIVER	ACTIVE
ARTHUR	JACKSON	EMT	ACTIVE
Joseph	Johnson	EMT	ACTIVE
ROBERT	LEGRANT	DRIVER	ACTIVE
ZANE	LITTLE	EMT	ACTIVE
Jeremy	MANESS	DRIVER	ACTIVE
DANIELLE	MORA	DRIVER	ACTIVE
MATTHEW	MULLINS	EMT	ACTIVE
MIGUEL	PEREZ	EMT	ACTIVE
Armando	Porrata	EMT	ACTIVE
Jordan	Powell	EMT	ACTIVE
Allison	Prettyman	DRIVER	ACTIVE
Ryan	Robaus	EMT	ACTIVE
STORM	RODRIGUEZ	EMT	ACTIVE
Cody	Rowland	DRIVER	ACTIVE
ALEXUS	RUELAS	DRIVER	ACTIVE
Matheu	Sidor	DRIVER	ACTIVE
JONATHAN	SWIFT	DRIVER	ACTIVE
Janean	Thompson	EMT	ACTIVE
Thomas	Traynham	EMT	ACTIVE
KAYLA	TRAYNHAM	EMT	ACTIVE
Tammette	Velazsquez	EMT	ACTIVE
RICKY	VIENTOS	DRIVER	ACTIVE

DUSTIN  
ROBERT

WILLIS  
WILSON

EMT  
DRIVER

ACTIVE  
ACTIVE

## GoLogix, LLC. Rates

Basic Life Support Non-Emergent	<b>\$795.00</b>
Non-Emergent I BLS Milage	<b>\$13.00</b>
Basic Life Support Emergency	<b>\$895.00</b>
Basic Life Support Emergency Milage	<b>\$13.00</b>



AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_



## ADDITIONAL REMARKS SCHEDULE

Page \_\_\_\_ of \_\_\_\_

AGENCY PointeNorth Insurance Group, LLC		NAMED INSURED Go Logix LLC	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

### ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM.**

**FORM NUMBER:** 25      **FORM TITLE:** Certificate of Liability Insurance: Notes

2003 FORD 1FDXE45F73HB58583  
2002 FORD 1FDXE45F82HA94570  
2003 FORD 1FDXE45F53HB64740  
2017 CHRYSLER 2C4RC1CG2HR512910  
2019 DODGE 2C4RDGCG4KR677087  
2021 DODGE 3C6LRVDG3ME511519  
2021 FORD 1FDBR1CGXMKA38886  
2022 FORD 1FDBR1CG2NKA76212  
2023 FORD 1FDBR1CG5PKA23507  
2023 FORD 1FDBR1CG6PKA84106

- (f) any member of a duly authorized board or committee of an **Insured Entity**;
- (g) any administrator of an **Insured Entity**;
- (h) any medical director of an **Insured Entity** (but only with respect to their administrative duties and not for the direct provision of **Medical Services to Patients**);
- (i) any **Employee**, student or **Volunteer**.

Coverage under this Policy for the **Insured Persons** listed above shall only apply while such individuals are acting within the capacity and scope of his or her duties on behalf of an **Insured Entity**.

#### IV. COVERAGE EXTENSIONS

##### A. ADDITIONAL INSURED BY CONTRACT

1. Coverage under this Policy shall be extended to apply to **Claims** against other individuals or organizations when required by written contract or agreement with the **Named Insured**, or pursuant to any permit (hereinafter referred to as "Additional Insureds"). The written contract, agreement or permit must be executed and effective prior to the date that the events or incidents underlying or alleged in the **Claim** took place. Coverage is provided for such Additional Insureds only for those allegations in the **Claim** which arise out of the otherwise covered negligent acts, errors or omissions of an **Insured** (other than an Additional Insured).
2. Coverage for the Additional Insureds shall not be deemed to increase the Limits of Liability of this Policy or broaden the terms of coverage. All Additional Insureds will share in the applicable Limits of Liability for any covered **Claim**. **Loss** paid on behalf of any Additional Insured, and **Defense Expenses** if applicable, will reduce and may exhaust any applicable Limits of Liability under this Policy. This Policy shall not provide coverage for any **Claim**, allegation or liability which arises out of an Additional Insured's own negligence, act, error or omission, work or conduct.
3. **Primary, Non-Contributory Coverage:**  
This Policy will be primary to and not seek contribution from any other insurance available to an Additional Insured; provided that: (a) the Additional Insured is the Named Insured under such other policy; and (a) the **Named Insured** has agreed in the written contract, agreement or permit that this insurance would be primary and would not seek contribution from any other insurance available to the Additional Insured.

##### B. OTHER COVERAGE EXTENSIONS

Coverage under this Policy shall also apply to **Claims** against the following persons or entities, but only with respect to liability arising out of the actions of an **Insured**:

1. the debtor-in-possession or bankruptcy estate, including any bankruptcy trustee, of an **Insured Entity**, as established under United States bankruptcy laws, or any equivalent representative of an **Insured Entity** under the laws of any other jurisdiction;
2. the estate, heirs, executors, administrators, assignees and legal representatives of an **Insured Person**, in the event of the death or incapacity of such **Insured Person**; and
3. the lawful spouse of an **Insured Person** listed above, including any natural person qualifying as a domestic partner under the provisions of any applicable federal, state, or local law in the United States.

#### V. DEFINITIONS

Some bold-faced words may be defined in other parts of this Policy.

##### A. **Application** means:

1. the application forms and any supplemental application forms, including those forms of any other insurance carrier or company, which are submitted to the **Insurer** in connection with the application and underwriting process for this Policy, or any prior policy of which this is a renewal; and
2. any and all materials and information submitted to the **Insurer** in connection with the application and underwriting process and all publicly available material developed or disseminated by the **Insured** about the **Insured** that the **Insurer** obtained prior to the Effective Date of the Policy;

all of which are deemed to be on file with the **Insurer** and are deemed to be attached to, and form a part of this Policy, as if physically attached.

- ##### B. **Auto** means a land motor vehicle, trailer or semitrailer designed for travel on public roads, including any attached machinery or equipment.

2. Any recoveries will be applied as follows:

- (a) First to the **Insurer** if the **Insurer** incurs expenses to bring suit or otherwise exercise rights of recovery, up to the amount of incurred expenses;
- (b) Second to the **Insurer** up to the amount of its payment for **Loss** or any other amounts payable under this Policy; and
- (c) Third to the **Named Insured** as recovery of Deductible amounts paid by any **Insured**.

**3. Waiver of Subrogation:**

However, the **Insurer** waives its rights to pursue subrogation in connection with payments under this Policy against individuals or entities, including any Additional Insureds, with whom the **Named Insured** has entered into a written contractual agreement requiring such waiver of subrogation (prior to the date of any loss or damages).

**L. TERRITORY – WORLDWIDE COVERAGE**

This Policy applies to covered acts, errors, omissions or events which are committed by any **Insured** anywhere in the world; provided that the **Claim** is brought in the United States and its territories or possessions or Canada.

**M. COMPLIANCE WITH ECONOMIC OR TRADE SANCTIONS**

This insurance does not apply, and no payment shall be made hereunder, to the extent that trade sanctions or economic sanctions, embargos or other similar programs, laws or regulations, in the United States, the European Union, or any other country, prohibit the **Insurer** from providing insurance or making payment.

**N. CONFORMITY TO STATUTE**

1. Any terms of this Policy which are in conflict with the terms of any applicable laws construing this Policy, including any Endorsement to this Policy which is required by any state Department of Insurance or equivalent authority are hereby amended to conform to such laws.
2. In the event any portion of this Policy will be declared or deemed invalid or unenforceable under applicable law, such invalidity or unenforceability will not affect the validity or enforceability of any other portion of this Policy.

**O. BANKRUPTCY**

The bankruptcy or insolvency of an **Insured** or an **Insured's** estate will not relieve the **Insurer** of its obligations under this Policy nor deprive the **Insurer** of its rights or defenses under this Policy.

**P. TRANSFER OF RIGHTS AND DUTIES**

An **Insured's** rights and duties under this Policy may not be transferred without the **Insurer's** prior written consent.

**Q. VALUATION AND CURRENCY**

If **Loss** is paid in currency other than United States of America dollars, then payment under this Policy will be considered to have been made in United States of America dollars at the conversion rate published in *The Wall Street Journal* on the date of payment.

**R. HEADINGS**

The descriptions in the headings and subheadings of this Policy are solely for convenience and do not constitute any part of this Policy's terms and conditions.

**S. POLICY CHANGES**

This Policy contains all the agreements between the **Insurer** and the **Named Insured** concerning the insurance afforded. This Policy's terms can be amended or waived only by Endorsement issued by the **Insurer** and made a part of this Policy.

**VIII. EXCLUSIONS**

- A. No coverage is provided under this Policy for **Loss**, including **Defense Expenses**, in connection with any **Claim** or other proceeding based upon, arising out of, resulting from or in connection with, in whole or in part, whether or not any other cause or event contributes concurrently or in any sequence to, any actual or alleged:
  1. Intentional Misconduct

AFFIDAVIT OF PUBLICATION

Polk News Sun

Published Weekly

Winter Haven, Polk County, Florida

Case No. Go Logix LLC

STATE OF FLORIDA  
COUNTY OF POLK

Before the undersigned authority, Anita Swain, personally appeared who on oath says that she is the Classified Advertising Legal Clerk of Polk News Sun, a newspaper published at Winter Haven in Polk County, Florida; that the attached copy or reprint of the advertisement, to the right, being a Public Notice, was published in said newspaper by print in the issues of or by publication on the newspaper's website, if authorized, on:

October 18, 2023

Affiant further says that the Polk News Sun newspaper complies with all legal requirements for publication in chapter 50, Florida Statutes.



Anita Swain

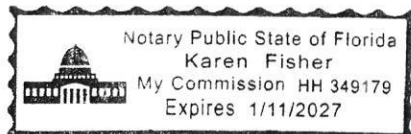
Sworn to and subscribed before me this 18th day of October 2023 by Anita Swain, who is personally known to



Karen Fisher, Clerk, Notary Number: #HH349179  
Notary expires: January 11, 2027

00023520 00138534 863-519-

Polk County Fire Rescue  
1295 Brice Blvd  
Bartow, FL 33830



**NOTICE**

**YOU ARE HEREBY NOTICED** pursuant to Polk County Ordinance 12-029, that **Go Logix, LLC**, a licensed for-profit pre-hospital ambulance provider by the State of Florida, Department of Health has submitted an Initial application of their Type H Certificate of Public Convenience and Necessity (COPCN) to operate a Basic 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: Deputy Chief of Medical Services.

October 18, 2023 138534

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October 18, 2023 138534

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**GO LOGIX LLC**  
UNIT 58  
2406 E STATE ROAD 60  
VALRICO FL 33595

1535

63-27/631 FL  
24317

DATE 8/8/2023

PAY  
TO THE  
ORDER OF

Polk County Fire Rescue

\$ 300.<sup>00</sup>/<sub>100</sub>

Three hundred



DOLLARS



**BANK OF AMERICA** 

ACH R/T 063100277

FOR COPEN Renewal

Scott Ware

⑈001535⑈ ⑆063100277⑆ 898097287569⑈