

**INITIAL/RENEWAL APPLICATION FOR
CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY
POLK COUNTY, FLORIDA**

This application is for a Certificate of Public Convenience and Necessity ("COPCN") to provide emergency medical care and/or transportation or non-emergency 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. Applicants 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.

Application Type: Initial **Renewal**

1. Name of business First 2 Aid EMS Inc, d.b.a. Trident EMS

2. Address 3700 Commerce Blvd, Suite 150

| | | |
|------------------|-----------|--------------|
| | Street | |
| <u>Kissimmee</u> | <u>FL</u> | <u>34741</u> |
| City | State | Zip Code |

| | | |
|------------|------------|------------|
| <u>N/A</u> | <u>N/A</u> | <u>N/A</u> |
| P O Box | State | Zip Code |

3. Phone number (s) (407) 777-4322

(Include area codes) Business Office

| | |
|--------------|-------------------|
| <u>N/A</u> | <u>N/A</u> |
| Pager Number | Cell Phone Number |

4. Email Address

Primary: Sanjay.Parekh@TridentEMS.com

Secondary: Finance@TridentEMS.com

5. List names, business addresses, and day time phone numbers of (all) owner, partners, operator and/or board of directors of corporation.

Name: Sanjay Parekh Title: VP / D Phone: (407) 392-4986

Address: 3700 Commerce Blvd, Suite 150, Kissimmee, FL

6. State the experience of each person listed in Paragraph 4.
Experience for Administration Included in Separate Attachment.

7. 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

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

Complete County

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

Trident EMS has contracts with and provides transportation for most major hospitals in the area including HCA, Orlando Health and Advent Health.

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

Attached as a Separate Sheet.

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

12. Proof that the 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)

13. 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 |
|----------------------|-------------------------|----------------------------|--------------------------|
| <u>Kissimmee, FL</u> | <u>Trident EMS - HQ</u> | <u>24/7 Hrs - 365 Days</u> | <u>ALS and BLS Units</u> |

Phone Number

(407) 777-4322

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

We always have at least 2 available "Back Up" units available in addition to the Units in service on any given day.

15. Will your service transport patients out of the 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 X 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.
- N / A
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:
- 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.
 - 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;
 - 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
 - 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.


Signature of Applicant

CEO 05/16/2025

Title Date

STATE OF FLORIDA
COUNTY OF Osceola

This foregoing instrument was acknowledged before me this 16 day of May,
20 25, by Sanjay Parekh as
C.E.O. (title) for First2 Aid DBA Trident EMS

(Company Name)


Notary Signature

NOTARY SEAL/STAMP

Personally Known _____ OR Produced Identification ☒
Type of Identification produced: DL-P620-780-71-74-0



JOSUE ORTIZ FONSECA
Notary Public
State of Florida
Comm# HH321773
Expires 10/13/2026

100-443886-100
 100-443886-100
 100-443886-100
 100-443886-100
 100-443886-100



Administration Profiles

Sanjay Parekh

Project Role: CEO

Address: 3700 Commerce Blvd, STE 150, Kissimmee, FL 34741

Direct: 407-392-4986

Email: Sanjay.Parekh@TridentEMS.com

Sanjay has over 35 years of successful business leadership experience, which includes Strategic Planning, Sales & Marketing, Operations & Team-Building. Sanjay's background ranges from his work as a Director in a family-owned business to heading a Multinational Corporation in Asia Pacific overseeing several countries.

Sanjay has turned around business operations of companies to generate higher profits by forging impactful business relationships, building cost-effective systems, identifying and analyzing challenges and leveraging the key strengths of the business. With the experience of working with different regions in Asia, Europe, Americas, Middle East & Australia, he has successfully solved many challenges that most companies go through.

Since 2020, Sanjay oversees the collective fulfillment of the company's vision, mission & core values. He ensures the financial and operational effectiveness of the company's Medical Ground Transportation, Event Standby & Training Services operations in Central Florida. Sanjay has developed a sense of partnership with his customers by putting their needs first and has demonstrated repeatedly that the success of the company, comes as a result of caring and competence.

Amishi Parekh

Project Role: Director of Finance

Address: 3700 Commerce Blvd, STE 150, Kissimmee, FL 34741

Direct: 407-379-9132

Email: Finance@TridentEMS.com

Amishi has over 27 years of experience in Accounting & Finance. Her experience ranges from working in the Banking sector, Education sector, to overseeing Finances & Accounting of growth-oriented companies. She has successfully managed to bring in fiscal discipline & organization to the accounting and financing structure in companies she has worked with.

Since 2020, Amishi has been responsible for the Accounting & Finances at Trident EMS and works closely with the Billing Department ensuring accurate billing. Amishi leads and participates in company's growth decisions — projecting revenues against costs for capital equipment, facilities and human resources. She is also a Certified Ambulance Coder.

Derek Knost

Project Role: Operations Manager

Address: 3700 Commerce Blvd, STE 150, Kissimmee, FL 34741

Direct: 407-450-7210

Email: Derek.Knost@TridentEMS.com

Derek has over 20 years of experience in hospitality and healthcare. He has over 10 years of experience as a Paramedic, FTO and the Operations Supervisor.

Derek has been with Trident EMS since 2018 and has worked at various levels across several departments in the company. With his positive approach and problem-solving skills, he was promoted as the Operations Manager. He oversees several key areas in the company and ensures smooth running of the operations with the help of the crews and coordination between all the departments such as Dispatch, Logistics and HR.

Heather Burke

Project Role: Accounting & Billing Coordinator

Address: 3700 Commerce Blvd, STE 150, Kissimmee, FL 34741

Direct: 407-450-7210

Email: Derek.Knost@TridentEMS.com

Heather has over 27 years of experience working as a Paramedic, a Trainer and an Educator. She has extensive experience working in the 911 with Volusia & Lake County EMS as a Paramedic & FTO. She is well experienced in handling all levels of calls and specializes in treating some of the highest level of critical care patients.

After having worked in various departments at Trident EMS since 2018, Heather oversees the Training & Education Department thus ensuring all the crews are provided with the highest level of training as per the company protocols & provide continuous education, for all crews to be compliant with State & National CEUs.

She also oversees the Quality Assurance and Improvement plan in the company.

Notable Equipment Used

- Zoll X Series - Monitors
- Stryker Power PRO-XT - Stretchers
- Alaris Mini-Med 3 Channel - Transport Pump
- Hamilton T1 – Intelligent Transport Ventilator

Maintenance Contract for Equipment



ZOLL Service Department
269 Mill Road, Chelmsford, MA 01824
 Phone: (800) 348-9011 Fax: (978) 421-0010
 Email: ServicePM@zoll.com

Customer Name FIRST2AIDEMSINC

Customer # 275070
Address 3700 COMMERCE BLVD SUITE 150
 KISSIMMEE, FL 34741

No. of Units 11

Month Due March 2025

PM Contact Josue Ortiz

Phone Number 787-446-9357

Email josue.ortiz@zoll.com

Field Support Tech

Contract Summary

| Contract Number | Service Number | Description | Start Date | End Date |
|-----------------|----------------|-------------------------------------|------------|------------|
| 810251 | 8889-89001-PM | PREVENTIVE MAINTENANCE ONLY, 1 YEAR | 02/01/2025 | 01/31/2026 |

| Serial Number | Part Number/ Description | Fail | Failure SR# | PM Completed | Service Request # | Battery Serial # |
|---------------|---|------|-------------|--------------|-------------------|------------------|
| AR20B046113 | 620-2221011-01 | | | | 1152179 | |
| | MAIN ASSY, X SERIES MONITOR/DEFIBRILLATOR 12 LEAD/W INTERP, PACING, NIBP, SPO2, CPR EXPANSION PACK AND ETCO2, W/CP2, DMST | | | | | |
| | Contract #: 810251 Service Part# 8889-89001-PM | | | | | |
| | PREVENTIVE MAINTENANCE ONLY, 1 YEAR | | | | | |
| AR20B046115 | 620-2221011-01 | | | | 1152170 | |
| | MAIN ASSY, X SERIES MONITOR/DEFIBRILLATOR 12 LEAD/W INTERP, PACING, NIBP, SPO2, CPR EXPANSION PACK AND ETCO2, W/CP2, DMST | | | | | |
| | Contract #: 810251 Service Part# 8889-89001-PM | | | | | |
| | PREVENTIVE MAINTENANCE ONLY, 1 YEAR | | | | | |
| AR20B046140 | 620-2221011-01 | | | | 1152171 | |
| | MAIN ASSY, X SERIES MONITOR/DEFIBRILLATOR 12 LEAD/W INTERP, PACING, NIBP, SPO2, CPR EXPANSION PACK AND ETCO2, W/CP2, DMST | | | | | |
| | Contract #: 810251 Service Part# 8889-89001-PM | | | | | |
| | PREVENTIVE MAINTENANCE ONLY, 1 YEAR | | | | | |
| AR20B046460 | 620-2221511-01 | | | | 1152167 | |
| | MAIN ASSY, X SERIES MONITOR/DEFIBRILLATOR W/PACING, 12 LEAD W/INTERP, SPO2, NIBP, IBP/TEMP, CPR EXPANSION PACK, ETCO2, DMST | | | | | |
| | Contract #: 810251 Service Part# 8889-89001-PM | | | | | |
| | PREVENTIVE MAINTENANCE ONLY, 1 YEAR | | | | | |
| AR20B046461 | 620-2221511-01 | | | | 1152163 | |
| | MAIN ASSY, X SERIES MONITOR/DEFIBRILLATOR W/PACING, 12 LEAD W/INTERP, SPO2, NIBP, IBP/TEMP, CPR EXPANSION PACK, ETCO2, DMST | | | | | |
| | Contract #: 810251 Service Part# 8889-89001-PM | | | | | |
| | PREVENTIVE MAINTENANCE ONLY, 1 YEAR | | | | | |
| AR20B046463 | 620-2221511-01 | | | | 1152164 | |
| | MAIN ASSY, X SERIES MONITOR/DEFIBRILLATOR W/PACING, 12 LEAD W/INTERP, SPO2, NIBP, IBP/TEMP, CPR EXPANSION PACK, ETCO2, DMST | | | | | |
| | Contract #: 810251 Service Part# 8889-89001-PM | | | | | |
| | PREVENTIVE MAINTENANCE ONLY, 1 YEAR | | | | | |
| AR20B046464 | 620-2221511-01 | | | | 1152168 | |
| | MAIN ASSY, X SERIES MONITOR/DEFIBRILLATOR W/PACING, 12 LEAD W/INTERP, SPO2, NIBP, IBP/TEMP, CPR EXPANSION PACK, ETCO2, DMST | | | | | |
| | Contract #: 810251 Service Part# 8889-89001-PM | | | | | |
| | PREVENTIVE MAINTENANCE ONLY, 1 YEAR | | | | | |
| AR20B046465 | 620-2221511-01 | | | | 1152195 | |

Maintenance Contract for Equipment

| | | | | | |
|-------------|--|--|--|---|--|
| | MAIN ASSY, X SERIES MONITOR/DEFIBRILLATOR W/PACING, 12 LEAD W/INTERP, SPO2, NIBP, IBP/TEMP, CPR EXPANSION PACK, ETCO2, DMST | | | | |
| | Contract #: 810251 Service Part# 8889-89001-PM | | | Start Date: 02/01/2025 End Date: 01/31/2026 | |
| | PREVENTIVE MAINTENANCE ONLY, 1 YEAR | | | | |
| AR20B046466 | 620-2221511-01 | | | 1152196 | |
| | MAIN ASSY, X SERIES MONITOR/DEFIBRILLATOR W/PACING, 12 LEAD W/INTERP, SPO2, NIBP, IBP/TEMP, CPR EXPANSION PACK, ETCO2, DMST | | | | |
| | Contract #: 810251 Service Part# 8889-89001-PM | | | Start Date: 02/01/2025 End Date: 01/31/2026 | |
| | PREVENTIVE MAINTENANCE ONLY, 1 YEAR | | | | |
| AR20B046468 | 620-2221511-01 | | | 1152169 | |
| | MAIN ASSY, X SERIES MONITOR/DEFIBRILLATOR W/PACING, 12 LEAD W/INTERP, SPO2, NIBP, IBP/TEMP, CPR EXPANSION PACK, ETCO2, DMST | | | | |
| | Contract #: 810251 Service Part# 8889-89001-PM | | | Start Date: 02/01/2025 End Date: 01/31/2026 | |
| | PREVENTIVE MAINTENANCE ONLY, 1 YEAR | | | | |
| AR20B046470 | 620-2221511-01 | | | 1152199 | |
| | MAIN ASSY, X SERIES MONITOR/DEFIBRILLATOR W/PACING, 12 LEAD W/INTERP, SPO2, NIBP, IBP/TEMP, CPR EXPANSION PACK, ETCO2, DMST | | | | |
| | Contract #: 810251 Service Part# 8889-89001-PM | | | Start Date: 02/01/2025 End Date: 01/31/2026 | |
| | PREVENTIVE MAINTENANCE ONLY, 1 YEAR | | | | |

5000-000690-FM Rev.B

Maintenance Contract for Equipment

Warranty

Stryker EMS, a division of the Stryker Corporation, offers one warranty option in the United States:

Two (2) year parts and labor. Stryker EMS warrants to the original purchaser that its products should be free from manufacturing non-conformances that affect product performance and customer satisfaction for a period of two (2) years after date of delivery. Stryker's obligation under this warranty is expressly limited to supplying replacement parts and labor for, or replacing, at its option, any product that is, in the sole discretion of Stryker, found to be defective. Expendable components, i.e. mattresses, restraints, I.V. poles, storage nets, storage pouches, oxygen straps, and other soft goods, have a one (1) year limited warranty.

The Stryker **Power-PRO™** XT is designed for a 7 year expected service life under normal use conditions, and with appropriate periodic maintenance as described in the maintenance manual. Stryker warrants to the original purchaser that the welds on the **Power-PRO™** XT will be free from structural defects for the expected 7 year life of the product as long as the original purchaser owns the product. Original purchasers will also obtain a three (3) year limited parts warranty for the X-frame components of the **Power-PRO™** cot and a three (3) year limited power train warranty covering the motor pump assembly and hydraulic cylinder assembly. Stryker's obligation under this three (3) year limited warranty is expressly limited to supplying replacement parts and labor for, or replacing, at its option, any part that is, in the sole discretion of Stryker, found to be defective.

SMRT™ Power Warranties. Stryker EMS warrants the **SMRT™** Charger for the same duration as the Stryker product for which it is furnished. All **SMRT™** Paks are warranted to be free from manufacturing non-conformances that affect product performance and customer satisfaction for a period of one (1) year.

Upon Stryker's request, purchaser shall return to Stryker's factory any product or part (freight prepaid by Stryker) for which an original purchaser makes a warranty claim.

Any improper use or alteration or repair by unauthorized service providers in such a manner as in Stryker's judgment affects the product materially and adversely, shall void this warranty. Any repair of Stryker products using parts not provided or authorized by Stryker shall void this warranty. No employee or representative of Stryker is authorized to change this warranty in any way.

This statement constitutes Stryker EMS's entire warranty with respect to the aforesaid equipment. STRYKER MAKES NO OTHER WARRANTY OR REPRESENTATION EITHER EXPRESSED OR IMPLIED, EXCEPT AS SET FORTH HEREIN. THERE IS NO WARRANTY OF MERCHANTABILITY AND THERE ARE NO WARRANTIES OF FITNESS FOR ANY PARTICULAR PURPOSE. IN NO EVENT SHALL STRYKER BE LIABLE HEREUNDER FOR INCIDENTAL OR CONSEQUENTIAL DAMAGES ARISING FROM OR IN ANY MANNER RELATED TO SALES OR USE OF ANY SUCH EQUIPMENT.

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Maintenance Contract for Equipment

Warranty

STRYKER EMS RETURN POLICY

Cots, Stair Chairs, Evacuation Chairs, Cot Fasteners and Aftermarket Accessories may be returned up to 180 days of receipt if they meet the following guidelines:

Prior to 30 Days

Prior to 90 Days

unused, undamaged and in the original packaging

Prior to 180 Days

unused, undamaged and in the original packaging

RETURN AUTHORIZATION

Stryker customer service department must approve any merchandise return and will provide an authorization number to be printed on any returned merchandise. Stryker reserves the right to charge shipping and restocking fees on returned items. SPECIAL, MODIFIED, OR DISCONTINUED ITEMS NOT SUBJECT TO RETURN.

DAMAGED MERCHANDISE

ICC Regulations require that claims for damaged merchandise must be made with the carrier within fifteen (15) days of receipt of merchandise. DO NOT ACCEPT DAMAGED SHIPMENTS UNLESS SUCH DAMAGE IS NOTED ON THE DELIVERY RECEIPT AT THE TIME OF RECEIPT. Upon prompt notification, Stryker will file a freight claim with the appropriate carrier for damages incurred. Claim will be limited in amount to the actual replacement cost. In the event that this information is not received by Stryker within the fifteen (15) day period following the delivery of the merchandise, or the damage was not noted on the delivery receipt at the time of receipt, the customer will be responsible for payment of the original invoice in full. Claims for any short shipment must be made within thirty (30) days of invoice.

INTERNATIONAL WARRANTY CLAUSE

This warranty reflects U.S. domestic policy. Warranty outside the U.S. may vary by country. Please contact your local Stryker Medical representative for additional information.

PATENT INFORMATION

The Stryker **Power-PRO™** XT cot is covered by one or more of the following patents:

| | | | | | |
|---------------|-----------|-----------|-----------|-----------|-----------|
| United States | 5,537,700 | 5,575,026 | 6,908,133 | 7,398,571 | 7,540,047 |
|---------------|-----------|-----------|-----------|-----------|-----------|

Other patents pending

The Stryker **SMRT™** Power System is covered by one or more of the following patents:

| | | |
|---------------|-----------|-----------|
| United States | 5,977,746 | 6,018,227 |
|---------------|-----------|-----------|

Other patents pending

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Maintenance Contract for Equipment



1628 Huddell Avenue – Boothwyn, PA 19061
610-485-5267
www.envihs.com

Trident EMS
Josue Ortiz
3700 Commerce Blvd
Suite 150
Kissimmee, FL 34741

Thursday, February 20, 2025

Dear Josue,

Envi Health Solutions is pleased to engage in the acceptance of our service proposal for your MedSystem III Infusion devices. Our, comprehensive service will include the annual preventative maintenance, battery replacement, and full calibration of each of these devices.

We appreciate the opportunity to be of service, and should you need anything else please don't hesitate to let me know.

Regards,

Thomas Gillespie

Tom Gillespie | Executive, Vice President
Envi Health Solutions
Bio-Tron, Inc.
1628 Huddell Avenue | Boothwyn, PA 19061
O: 888.693.9162 | M: 610.742.8905 | F: 610.485.8990

Maintenance Contract for Equipment



Page 1 of 1

Invoice 23280362

Bill to
First 2 Aid EMS Inc
3700 COMMERCE BLVD
Suite 150
KISSIMMEE, FL 34741-4656
United States

Invoice date **07/28/2023 23378902**
 Sales order **00001**
 Customer PO **AMISHI PAREKH**
 Customer ref. **23115332**
 Customer no. **Erika Rames**
 Sales contact **+1 775-858-3002**
 Phone **eramales@hamilton-medical.com**
 Email **30 days net**
 Terms of payment **USD**
 Currency **FOB**
 Incoterms **Josue Ortiz-407-777-4322-**
 Delivery contact **josue@f2aems.com**

Ship to
First 2 Aid EMS Inc
3700 COMMERCE BLVD
Suite 150
KISSIMMEE, FL 34741-4656
United States

accounting@f2aems.com

| Product | Quantity | Unit | Net price | Total |
|--|--------------|-----------|-----------------|------------------|
| 10161088 | 15.00 | ea | 1,400.00 | 21,000.00 |
| PREMIUM EMS HAMILTON-T1 ONSITE 1-YR SVC CONTRACT | | | | |

| | |
|---------------------|------------------|
| Subtotal | 21,000.00 |
| Tax | 0.00 |
| Total amount | 21,000.00 |

Hamilton Medical Inc.
 201 Edison Way, Unit A
 Reno, NV 89502-2305
 United States

Tel +1 800 426 6331
www.hamilton-medical.com



| | Truck # | Make and Model | Year | Odometer Reading | VIN # | TAG | ALS PERMIT | BLS PERMIT | Unit Status | Unit Type |
|----|---------|-----------------|------|------------------|---------------------------|--------|------------|------------|-------------|-----------|
| 1 | 101 | DODGE PROMASTER | 2023 | 50,542 | 3C6LRVDG9PE51 9211 | MIX47Q | 25529 | 7666 | Primary | BLS |
| 2 | 102 | DODGE PROMASTER | 2023 | 68,205 | 3C6LRVDG8PE51 9197 | MIX49Q | 25530 | 7667 | Primary | BLS |
| 3 | 103 | DODGE PROMASTER | 2023 | 52,912 | 3C6LRVDG4PE52 5658 | MIX48Q | 25531 | 7668 | Primary | BLS |
| 4 | 104 | DODGE PROMASTER | 2023 | 29,993 | 3C6LRVDG1PE53 5788 | MIX51Q | 25532 | 7669 | Primary | BLS |
| 5 | 105 | DODGE PROMASTER | 2023 | 54,354 | 3C6LRVDG5PE52 5667 | MIX50Q | 25533 | 7670 | Primary | BLS |
| 6 | 106 | DODGE PROMASTER | 2023 | 58,273 | 3C6LRVDG1PE51 9171 | MIX52Q | 25534 | 7671 | Primary | ALS / CCT |
| 7 | 107 | DODGE PROMASTER | 2023 | 62,269 | 3C6LRVDG5PE52 5670 | MIX53Q | 25535 | 7672 | Primary | ALS / CCT |
| 8 | 108 | DODGE PROMASTER | 2023 | 46,274 | 3C6LRVDG7PE53 5777 | MIX54Q | 25537 | 7673 | Primary | ALS / CCT |
| 9 | 109 | DODGE PROMASTER | 2023 | 61,073 | 3C6LRVDG2PE52 5660 | MIX55Q | 25538 | 7674 | Primary | ALS / CCT |
| 10 | 110 | DODGE PROMASTER | 2023 | 58,677 | 3C6LRVDG1PE57 2274 | MIX25M | 25623 | 7675 | Primary | ALS / CCT |
| 11 | 111 | DODGE AMBULANCE | 2016 | 259,166 | 3C6URVHG8GE13 1479 | MIU78T | 26374 | 7676 | Reserve | BLS |
| 12 | 112 | DODGE AMBULANCE | 2016 | 333,352 | 3C6URVHG1GE10 4902 | MIT62Q | 26375 | 7677 | Reserve | BLS |
| 13 | 113 | DODGE AMBULANCE | 2016 | 294,123 | 3C6URVHG2GE10 4892 | MIT54Z | 26376 | 7678 | Reserve | BLS |
| 14 | 114 | DODGE AMBULANCE | 2016 | 288,019 | 3C6URVHG1GE13 1209 | MIT64Q | 26377 | 7679 | Reserve | BLS |
| 15 | 115 | FORD AMBULANCE | 2011 | 248,807 | 1FDWE3FS4BDB3 7472 | MIU55G | 26378 | 7680 | Reserve | BLS |

Personnel Title and Certification

EMS Staffing Numbers

| Paramedic (EMT-P) | Critical Care Paramedics (EMT-P-CCT) |
|--------------------------------------|--------------------------------------|
| 10 | 6 |
| Emergency Medical Technician (EMT-B) | |
| 32 | |

Licensing Information

| | | First Name | Last Name | Title | Status | Professional License |
|----|----|------------|------------|-----------|-----------|----------------------|
| 1 | 1 | Trevor | Deveaux | Paramedic | Full Time | PMD-534674 |
| 2 | 2 | Grant | George | Paramedic | Full Time | PMD-510954 |
| 3 | 3 | Jason | Etayo | Paramedic | Full Time | PMD-519050 |
| 4 | 4 | Andreas | Bauer | Paramedic | Full Time | PMD-534499 |
| 5 | 5 | Sylvia | Marrett | Paramedic | Full Time | PMD-545097 |
| 6 | 6 | Jahaira | Rivera | Paramedic | Full Time | PMD-534847 |
| 7 | 7 | John | Howerton | Paramedic | Full Time | PMD-529109 |
| 8 | 8 | Brandon | Melendez | Paramedic | Full Time | PMD-546968 |
| 9 | 9 | Luis | Viera | Paramedic | Full Time | PMD-537067 |
| 10 | 10 | Nicholas | Simpkins | Paramedic | Full Time | M-5154668 |
| 11 | 11 | Jennifer | Morales | Paramedic | Full Time | PMD-542415 |
| 12 | 12 | Benjamin | Galloway | Paramedic | Full Time | PMD-533836 |
| 13 | 13 | Dontavious | Browder | Paramedic | Full Time | PMD-521622 |
| 14 | 14 | Nico | Esposito | Paramedic | Full Time | PMD-545536 |
| 15 | 15 | Julian | Gonzalez | Paramedic | Part Time | PMD-546831 |
| 16 | 16 | Alexis | Perez | Paramedic | Full Time | PMD-518851 |
| 17 | 1 | Ninoshca | Martinez | EMT | Full Time | EMT-576478 |
| 18 | 2 | Taylor | Kornegay | EMT | Full Time | EMT-575942 |
| 19 | 3 | Todd | Eilf | EMT | Full Time | EMT-579314 |
| 20 | 4 | Chris | Concepcion | EMT | Full Time | EMT-580302 |
| 21 | 5 | Samantha | Rodriguez | EMT | Full Time | EMT-583609 |

| | | | | | | |
|----|----|-----------|-----------|-----|-----------|------------|
| 22 | 6 | Shaun | Parker | EMT | Full Time | EMT-574307 |
| 23 | 7 | Steven | Gines | EMT | Full Time | EMT-579672 |
| 24 | 8 | Jose | Maisonet | EMT | Full Time | EMT-558590 |
| 25 | 9 | Clinton | Jackson | EMT | Full Time | EMT-559081 |
| 26 | 10 | Chris | Torrellas | EMT | Full Time | EMT-568308 |
| 27 | 11 | Tyler | Burkett | EMT | Full Time | EMT-582216 |
| 28 | 12 | Andrew | Sanabria | EMT | Full Time | E-3845832 |
| 29 | 13 | Jennifer | Hopkins | EMT | Full Time | EMT-578081 |
| 30 | 14 | William | Colon | EMT | Full Time | E-3779421 |
| 31 | 15 | Patricia | Jones | EMT | Full Time | E-3876866 |
| 32 | 16 | Garrett | Goodin | EMT | Full Time | EMT-557659 |
| 33 | 17 | Francisco | Arauz | EMT | Full Time | EMT-580954 |
| 34 | 18 | Daniel | Scott | EMT | Full Time | EMT-590563 |
| 35 | 19 | Joseph | Musick | EMT | Full Time | EMT-575737 |
| 36 | 20 | Ruwanshi | Ekanayake | EMT | Full Time | EMT-590009 |
| 37 | 21 | Matthew | Marston | EMT | Full Time | EMT-579898 |
| 38 | 22 | Steven | Neilsen | EMT | Full Time | EMT-562629 |
| 39 | 23 | Elianna | Borrero | EMT | Full Time | EMT-585335 |
| 40 | 24 | Juliana | Jordao | EMT | Full Time | EMT-592109 |
| 41 | 25 | Samuel | Bornelus | EMT | Full Time | EMT-593100 |
| 42 | 26 | John | Yi | EMT | Full Time | EMT-595728 |
| 43 | 27 | Ryan | Alicia | EMT | Part Time | EMT-587565 |
| 44 | 28 | Robens | Mondesir | EMT | Part Time | EMT-563586 |
| 45 | 29 | Thomas | Taladriz | EMT | Part Time | EMT-585944 |
| 46 | 30 | Nairobi | Alvarez | EMT | Part Time | EMT-577726 |
| 47 | 31 | Valentina | Camacaro | EMT | Part Time | E-3876851 |
| 48 | 32 | Zairy | Radon | EMT | Full Time | EMT-562939 |



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

ADVANCED LIFE SUPPORT SERVICE LICENSE

This is to certify that: FIRST 2 AID EMS INC., DBA TRIDENT EMS Provider Number # 10049
Name of Provider

3700 COMMERCE BLVD. SUITE 150 KISSIMMEE, FL 34741
Address

has complied with Chapter 401, Florida Statutes, and Chapter 64J-1, Florida Administrative Code, and is authorized to operate as an Advanced 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:

ORANGE, OSCEOLA, POLK, SEMINOLE
County (s)



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

THIS CERTIFICATE EXPIRES ON: 09/22/2026

This certificate shall be posted in the above mentioned establishment

FIRST2AID 2025 EMS RATE SHEET

Ground Ambulance Transport Rates

| SERVICE TYPE | HCPC | CONTRACT RATE/MCR | PUBLISHED RATE |
|-------------------|-------|---------------------|----------------|
| MILEAGE | A0425 | \$9.15 | \$25.00 |
| BLS NON-EMERGENCY | A0428 | \$272.61 | \$900.00 |
| ALS NON-EMERGENCY | A0426 | \$327.13 | \$1,250.00 |
| BLS EMERGENCY | A0429 | \$436.17 | \$1,440.00 |
| ALS EMERGENCY | A0427 | \$517.96 | \$1,710.00 |
| ALS II | A0433 | \$749.67 | \$1,950.00 |
| SCT/CCT | A0434 | \$885.98 | \$2,925.00 |
| | A0499 | NON COVERED MILEAGE | |

Flight Call Ground Ambulance Transport Rates

| | One Call | Gateway |
|------------------|---------------------------------|---------------------------------|
| SCT | \$1,000 | \$1,000 |
| ALS | \$650 | \$750 |
| BLS | \$500 | \$600 |
| Flight Crew Only | \$150 | \$200 |
| Wait Fee | \$ 150/hour (less first 30 min) | \$ 150/hour (less first 30 min) |
| Mileage | 13.5 | 16 |
| Lift Assisit | \$600 | \$600 |

*CONTACT EVENT COORDINATOR FOR STAND-BY AND SPECIAL EVENT RATES

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the
requester. Do not
send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

First 2 Aid EMS, Inc.

2 Business name/disregarded entity name, if different from above.

Trident EMS

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☒ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership)

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☐ Other (see instructions)

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions ☐

5 Address (number, street, and apt. or suite no.). See instructions.

3700 Commerce Blvd

6 City, state, and ZIP code

Kissimmee, FL 34741

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

____ - ____ - ____

or

Employer identification number


8 2 - 4 5 0 3 8 4 2

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person 

Date 05/08/2024

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

BOARD OF COUNTY COMMISSIONERS OF POLK COUNTY CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

WHEREAS, Fire 2 Aid EMS, INC. has requested authorization to provide Type G, Advanced Life Support (ALS) Inter-facility Transport Service in Polk County; and,

WHEREAS, the above named service affirms that it will maintain compliance with the requirements of Chapter 401 of Florida Statutes, the Rules of the Department of Health, Chapter 64J-1, Florida Administrative Code, and the Polk County Code of Ordinances;

THEREFORE, the Board of County Commissioners of Polk County hereby issues a Type G, Certificate of Public Convenience and Necessity ("COPCN") as defined by Polk County Ordinance 12-029 to FIRST 2 EMS, INC. to provide services within the incorporated and unincorporated areas of Polk County, Florida

In issuing this Certificate, the governing body of Polk County has considered recommendations of affected municipalities.

By accepting this Certificate of Public Convenience and Necessity, the provider agrees to indemnify Polk County, Florida for any claims or losses arising out of its operations.

Limitations: This COPCN is limited to Advanced Life Support Inter-facility Transfer Service as defined by Polk County Ordinance 12-029. Certificate will be null and void if: the provider does not maintain compliance with the requirements of Chapter 401 of Florida Statutes, the Rules of the Department of Health, Chapter 64J-1 Florida Administrative Code, the Polk County Code of Ordinances and should the provider refuse to provide or deny medical ambulance inter-facility ground transport service to medically needy patients. This certificate shall not be transferable, either voluntarily or by operation of law, without prior written approval of the county.

Date of Issue: June 13, 2020

Date of Expiration: June 13, 2025

(Unless suspension or revocation is prior thereto)

W.C. Braswell, Chairman

Polk County Board of County Commissioners



P.30



FIRS2AI-01

DASBURY

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/19/2024

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 rights to the certificate holder in lieu of such endorsement(s).

| | | | |
|---|---|--|----------------|
| PRODUCER Construction Casualty Insurance, LLC 3637 4th Street North Suite 310 Saint Petersburg, FL 33704 | CONTACT NAME: Certificates PHONE (A/C, No, Ext): (727) 258-5774 E-MAIL ADDRESS: certs@cci-ins.com | | FAX (A/C, No): |
| | INSURER(S) AFFORDING COVERAGE | | NAIC # |
| INSURED First 2 Aid EMS, Inc. dba Trident EMS 3700 Commerce Boulevard Kissimmee, FL 34741 | INSURER A: Landmark American Insurance Company | | 33138 |
| | INSURER B: RLI Insurance Company | | 13056 |
| | INSURER C: Insurance Company of the West | | 27847 |
| | INSURER D: Underwriters at Lloyds London - IL | | 15792 |
| | INSURER E: | | |
| | INSURER F: | | |

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 INSD | SUBR 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: | | | LHC860747 | 9/25/2024 | 9/25/2025 | 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 \$ |
| | | | | | | | \$ Included |
| B | <input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | | | CAP9510282 | 9/25/2024 | 9/25/2025 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 |
| | | | | | | | BODILY INJURY (Per person) \$ |
| | | | | | | | BODILY INJURY (Per accident) \$ |
| | | | | | | | PROPERTY DAMAGE (Per accident) \$ |
| | | | | | | | \$ |
| | <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | | | | | EACH OCCURRENCE \$ |
| | | | | | | | AGGREGATE \$ |
| | | | | | | | \$ |
| | | | | | | | \$ |
| C | <input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input checked="" type="checkbox"/> N/A | | | WFL 5067547 02 | 9/25/2024 | 9/25/2025 | <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 Liabili | | | LHC860747 | 9/25/2024 | 9/25/2025 | General Aggregate 3,000,000 |
| D | Cyber | | | ESN0040081070 | 9/25/2024 | 9/25/2025 | Aggregate/Occurrence 1,000,000 |

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

When required by written contract, a waiver of subrogation applies in favor of the certificate holder on the Workers' Compensation policy.

CERTIFICATE HOLDER

CANCELLATION

Polk County, a political subdivision of the State of Florida
330 W Church St
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

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: 06/19/2025
Ad #: 00187184
Salesperson: 802 Ad Taker: 802

Class: 0138

Sort Line: First 2 Aid EMS Inc

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

| Description | Start | Stop | Ins. | Cost/Day | Amount |
|----------------------------------|------------|------------|------|----------|--------|
| 420 Lakeland Sun | 06/25/2025 | 06/25/2025 | 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 First 2 Aid EMS Inc, d/b/a Trident EMS, a licensed for-profit pre-hospital ambulance provider by the State of Florida, Department of Health has submitted an renewal 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

Payment Reference:

Credit Card #XXXX1537 \$-52.00

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

Total Due 0.00

AFFIDAVIT OF PUBLICATION

Lakeland Sun

Published Weekly

Winter Haven, Polk County, Florida

Case No. First 2 Aid EMS Inc

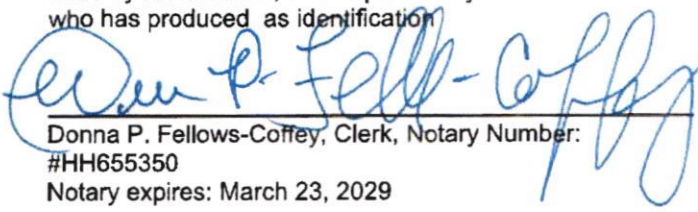
STATE OF FLORIDA
COUNTY OF POLK

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:

June 25, 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 25th day of June 2025 by Anita Swain, who is personally known to me or who has produced as identification

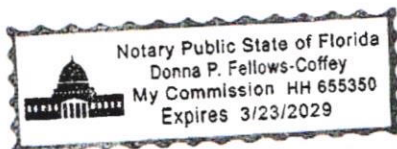

Donna P. Fellows-Coffey, Clerk, Notary Number:

#HH655350

Notary expires: March 23, 2029

00023520 00187184 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 **First 2 Aid EMS Inc, d/b/a Trident EMS**, a licensed for-profit pre-hospital ambulance provider by the State of Florida, Department of Health has submitted an renewal 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.
June 25, 2025 187184

LEGAL

Tax Deeds

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)334-4528.

June 4, 11, 18, 25, 2025 185244

NOTICE OF APPLICATION FOR A TAX DEED

NOTICE IS HEREBY GIVEN THAT MKON FINANCIAL SERVICES INC. AND OCEAN BANK, 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. 285

Year of Issuance: 2022

Tax Deed Number: 00381-2025

Description of Property:

THE WOODS UNIT NO. 5 PB 73 PG 20 LOT 38

INCLUDES 2024 TAXES

Parcel ID:

23-27-18-0000-2100-0360

Property Address: 10539 CREEK WOOD CT LAKELAND FL 33809

Name in which Assessed:

KIM WAGNER

All of said property being in the county of Polk, State of Florida, less such certificate(s) shall be redeemed according to law, the property described in such certificate(s) will be sold to the highest bidder on or July 17th, 2025 at 9:30 A.M. or any subsequently scheduled sale date.

Dated the 13th day of May, 2025

Signature Stacy M. Butterfield

Clerk of Circuit Court of Polk County, Florida

(SEAL)

Date of Publication: 06/04/2025

06/11/2025, 06/18/2025, 06/25/2025

WARNING

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

AT PUBLIC AUCTION ON 17TH DAY OF JULY, 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)334-4528.

June 4, 11, 18, 25, 2025 185245

NOTICE OF APPLICATION FOR A TAX DEED

NOTICE IS HEREBY GIVEN THAT MKON FINANCIAL SERVICES INC. AND OCEAN BANK, 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. 592

Year of Issuance: 2022

Tax Deed Number: 00383-2025

Description of Property:

COUNTRY VIEWS LAKES PHASE THREE PB 84 PGS 18 THRU 23 LYING IN SECTIONS 7 & 18 TOWNSHIP 27 RANGE 33 LOT 139

INCLUDES 2024 TAXES

Parcel ID:

23-27-18-0000-9100-1390

Property Address: 5151 MEADOW GROVE TRL LAKELAND FL 33810

Name in which Assessed:

ANTAR BOODFOR

RONALD E BOODFOR

All of said property being in the county of Polk, State of Florida, less such certificate(s) shall be redeemed according to law, the property described in such certificate(s) will be sold to the highest bidder on or July 17th, 2025 at 9:30 A.M. or any subsequently scheduled sale date.

Dated the 13th day of May, 2025

Signature Stacy M. Butterfield

Clerk of Circuit Court of Polk County, Florida

(SEAL)

Date of Publication: 06/04/2025

06/11/2025, 06/18/2025, 06/25/2025

WARNING

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

AT PUBLIC AUCTION ON 17TH DAY OF JULY, 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)334-4528.

June 4, 11, 18, 25, 2025 185248

NOTICE OF APPLICATION FOR A TAX DEED

NOTICE IS HEREBY GIVEN THAT MKON FINANCIAL SERVICES INC. AND OCEAN BANK, 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. 2968

Year of Issuance: 2022

Tax Deed Number: 00386-2025

Description of Property:

COUNTRY MEADOWS PB 83 PG 14 LOT 11

INCLUDES 2024 TAXES

Parcel ID:

24-26-33-1600-4500-0110

Property Address: 0 MOORE RD LAKELAND FL 33809

Name in which Assessed:

SHAWNIE DEE WILLIAMS

ALL OF SAID PROPERTY BEING IN THE COUNTY OF POLK, STATE OF FLORIDA, LESS SUCH CERTIFICATE(S) SHALL BE REDEEMED ACCORDING TO LAW, THE PROPERTY DESCRIBED IN SUCH CERTIFICATE(S) WILL BE SOLD TO THE HIGHEST BIDDER ON OR JULY 17TH, 2025 AT 9:30 A.M. OR ANY SUBSEQUENTLY SCHEDULED SALE DATE.

Dated the 13th day of May, 2025

Signature Stacy M. Butterfield

Clerk of Circuit Court of Polk County, Florida

(SEAL)

Date of Publication: 06/04/2025

06/11/2025, 06/18/2025, 06/25/2025

WARNING

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

AT PUBLIC AUCTION ON 17TH DAY OF JULY, 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)334-4528.

June 4, 11, 18, 25, 2025 185246

NOTICE OF APPLICATION FOR A TAX DEED

NOTICE IS HEREBY GIVEN THAT MKON FINANCIAL SERVICES INC. AND OCEAN BANK, 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. 590

Year of Issuance: 2022

Tax Deed Number: 00384-2025

Description of Property:

BEG SE COR OF SW 1/4 OF SE 1/4 RUN N 99° 37' 17" TO POB

CONT N 327° 76' 17" W 854.51 FT S 327° 76' 17" TO POB & BEG SE COR OF SW 1/4 OF SE 1/4 RUN N 99° 37' 17" W 233.71 FT S 208.71 FT E 208.71 FT S 788.66 FT E 25 FT TO POB LESS RD ROW

INCLUDES 2024 TAXES

Parcel ID:

23-27-18-0000-0002-4210

Property Address: 4803 DEESON RD LAKELAND FL 33810-5885

Name in which Assessed:

JUDI LYNN WIECK

All of said property being in the county of Polk, State of Florida, less such certificate(s) shall be redeemed according to law, the property described in such certificate(s) will be sold to the highest bidder on or July 17th, 2025 at 9:30 A.M. or any subsequently scheduled sale date.

Dated the 13th day of May, 2025

Signature Stacy M. Butterfield

Clerk of Circuit Court of Polk County, Florida

(SEAL)

Date of Publication: 06/04/2025

06/11/2025, 06/18/2025, 06/25/2025

WARNING

THERE ARE UNPAID TAXES ON THE PROPERTY WHICH YOU

Tax Deeds

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WARNING

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

AT PUBLIC AUCTION ON 17TH DAY OF JULY, 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)334-4528.

June 4, 11, 18, 25, 2025 185247

NOTICE OF APPLICATION FOR A TAX DEED

NOTICE IS HEREBY GIVEN THAT MKON FINANCIAL SERVICES INC. AND OCEAN BANK, 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. 659

Year of Issuance: 2022

Tax Deed Number: 00385-2025

Description of Property:

BEG SV COR OF NW 1/4 OF SE 1/4 RUN N 68° 24' 17" TO POB

CONT N 84° 17' 12" E 112.5 FT S 84 FT W 112.5 FT TO POB BEING PARCEL 21 OF UNB SUB

INCLUDES 2024 TAXES

Parcel ID:

23-27-28-0000-0002-3140

Property Address: 4830 VIOLET RIDGE CT LAKELAND FL 33810

Name in which Assessed:

JAMES C LANDGRAF

ALL OF SAID PROPERTY BEING IN THE COUNTY OF POLK, STATE OF FLORIDA, LESS SUCH CERTIFICATE(S) SHALL BE REDEEMED ACCORDING TO LAW, THE PROPERTY DESCRIBED IN SUCH CERTIFICATE(S) WILL BE SOLD TO THE HIGHEST BIDDER ON OR JULY 17TH, 2025 AT 9:30 A.M. OR ANY SUBSEQUENTLY SCHEDULED SALE DATE.

Dated the 13th day of May, 2025

Signature Stacy M. Butterfield

Clerk of Circuit Court of Polk County, Florida

(SEAL)

Date of Publication: 06/04/2025

06/11/2025, 06/18/2025, 06/25/2025

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June 4, 11, 18, 25, 2025 185250

NOTICE OF APPLICATION FOR A TAX DEED

NOTICE IS HEREBY GIVEN THAT MKON FINANCIAL SERVICES INC. AND OCEAN BANK, 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. 12961

Year of Issuance: 2021

Tax Deed Number: 00386-2025

Description of Property:

101818 ACRES PB 108 PG 44 TRACTS A & B

INCLUDES 2024 TAXES

Parcel ID:

27-29-35-8000-1100-0160

Property Address: 0 LYON ST LAKELAND FL 33853

Name in which Assessed:

DEBORA J HIGHTS LTD

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Dated the 13th day of May, 2025

Signature Stacy M. Butterfield

Clerk of Circuit Court of Polk County, Florida

(SEAL)

Date of Publication: 06/04/2025

06/11/2025, 06/18/2025, 06/25/2025

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June 4, 11, 18, 25, 2025 185252

NOTICE OF APPLICATION FOR A TAX DEED

NOTICE IS HEREBY GIVEN THAT MKON FINANCIAL SERVICES INC. AND OCEAN BANK, 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. 12441

Year of Issuance: 2022

Tax Deed Number: 04002-2024

Description of Property:

BEG SE COR OF SE 1/4 OF SE 1/4 RUN W 591 FT N 10 FT TO POB

RUN W 150 FT E 136 FT S ELY TO A POINT 126 FT N OF POB RUN 126 FT TO POB

INCLUDES 2024 TAXES

Parcel ID:

27-30-10-0000-0002-2100

Property Address: 202 OVENS RD LAKE WALES FL 33859-8106

Name in which Assessed:

DOANNA M SUMMER

ALL OF SAID PROPERTY BEING IN THE COUNTY OF POLK, STATE OF FLORIDA, LESS SUCH CERTIFICATE(S) SHALL BE REDEEMED ACCORDING TO LAW, THE PROPERTY DESCRIBED IN SUCH CERTIFICATE(S) WILL BE SOLD TO THE HIGHEST BIDDER ON OR JULY 17TH, 2025 AT 9:30 A.M. OR ANY SUBSEQUENTLY SCHEDULED SALE DATE.

Dated the 13th day of May, 2025

Signature Stacy M. Butterfield

Clerk of Circuit Court of Polk County, Florida

(SEAL)

Date of Publication: 06/04/2025

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Tax Deeds

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June 4, 11, 18, 25, 2025 184599

NOTICE OF APPLICATION FOR A TAX DEED