

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

We are looking to establish one station in Haines City/Davenport to provide transportation coverage

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

Most places around are asking for provide our services due a situations with longer times for transfer patients and for patients needs return back to the county. This including SNF and Hospitals. Additional our county is growing up with more family moving here and visitors.

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.

Vehicle Roster attached.

Equipment used on our units are in follows of the EMS State Departments requirements, including Stryker Power Stretcher and Lifepak monitors as well.

10. Number of personnel to staff each unit? 6 per unit 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>1004 Plaza Dr. Kiss</u>	<u>Main Office</u>	<u>24 hrs</u>	<u>EMT/Medic</u>	<u>863-307-8541</u>
<u>Hwy 17 US 192</u>	<u>Station 2</u>	<u>24 hrs</u>	<u>EMT/Medic</u>	<u>same</u>
<u> </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:

We have two units on services and we are getting a third unit back up, etc Our plan is for the month of May/June count with four units on services and for August/September have six unit in a total.

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 _____ 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.

Adding Polk Co to our existing COPCN with Osceola Co.

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.

Jose A. Gaubier

Signature of Applicant

Director

Title

March 26 2024

Date

STATE OF FLORIDA
COUNTY OF Osceola

This foregoing instrument was acknowledged before me
this 26 day of March, 2024, by
Jose A. Gaubier
as Director (title)
for Metro EMS Ambulance Services LLC
(Company Name)



[Handwritten Signature]

Notary Signature

NOTARY SEAL/STAMP

Personally Known OR Produced Identification
Type of Identification produced:
FLDL

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

ADVANCED LIFE SUPPORT SERVICE LICENSE

This is to certify that: METRO EMS AMBULANCE SERVICES LLC Provider Number # 10074
Name of Provider

1004 PLAZA DRIVE KISSIMMEE, FL 34743
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:

OSCEOLA
County (s)

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

THIS CERTIFICATE EXPIRES ON: 01/17/2026

This certificate shall be posted in the above mentioned establishment

EMERGENCY MEDICAL SERVICE

CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

WHEREAS, OSCEOLA COUNTY provides quality emergency medical services to the citizens of Osceola County; and

WHEREAS, there has been demonstrated that there is a need for Metro EMS Ambulance Services, LLC to operate in the County to provide certain essential services to the citizens of the County, non-emergency ALS transportation, emergency inter-facility ALS transportation, and may provide emergency transportation following the specific request by the County;


and

WHEREAS, Metro EMS Ambulance Services, LLC will comply with all the requirements of Florida Statute 401 and Department of Health and Rehabilitative Service Rule 64J-1. The Board of County Commissioners of Osceola County hereby issues a Certificate of Public Necessity for Metro EMS Ambulance Services, LLC for the period beginning February 19, 2024 to March 31, 2026.

In issuing this certificate, it is understood that Metro EMS Ambulance Services, LLC will provide services on a twenty-four hour basis for Osceola County, Florida.

Osceola County, Florida





Chair/Vice Chair
Osceola County Board of County Commissioners

Metro EMS Ambulance Services LLC

FEE FOR SERVICES.

BLS Transports *****

BLS Emergency \$380.00 (for any patient required **BLS emergent** transport with medical intervention and light/sirens) **A0429**

BLS non-Emergency \$300.00 (for any patient required **BLS transport** with minor intervention) **A0428**

Mileage \$9.00 per mile. This applied for Non-medical, BLS or ALS services and is base from the pickup location to the final destination as the google maps establish per route. Now if the miles are 25.5 is going to be 25 miles, is the case are 25.6 is going to be 26 miles. Sometimes occurs changes out of our hands and can increases or decreases miles by heavy traffic, accidents or other situations. **A0425**

Non-Medical Stretcher \$75.00 (for discharges services when is approved by the hospital, always is not needed any medical interventions.

This does not apply for **Baker Act** or **Marchman Act** due the risk or other factors during the transports.

Bariatric patients: \$550.00 (over 400)

COVID or ISO Transports: \$60 (Extra fees for transports where applied)

Waiting time: \$75.00 every 20 minutes (apply for Non-medical, BLS or ALS for any wait and return services, however if any patient has a delay or not ready at the time of the pickup for issues with paperwork or any other situations, charge can apply and properly notified in the bill. (This just apply in services paid by the hospital if was necessary)

Out of town or over 90 miles transports: Charge of miles (half) for returning back. If the transport is more of 2 hrs. per way, need to be quote.

Stand-by on the facility: \$180 per hour. Need to be coordinate at least 6 hrs. before.

ALS Transports *****

ALS Emergency: \$480 (for any patient required **ALS emergent** transport with medical intervention and light/sirens) **A0427**

ALS non-emergency: \$400 (for any patient required **ALS transport** with minor medical interventions) **A0426**

ALS Emergency 2: \$700 (for any patient required major intervention including three rounds of meds, pacemaker, fluids), etc **A0433**

Vent or Critical Care Patients: \$1,300 (if was necessary and requested per facility) for any patient required full treatment and mayor interventions or arise medical procedures during transportation from/to Ej: intubation, chest tube, pacemaker, medication per three times, fluids, or other. **A0434-Special Care Transport (SCT)**

These fees are from February 01, 2024, with a **one-year review** from the date signed in acceptance.

Note: All the medical discharges services are billed to the health insurances of the patients **with the exception when the hospital called advising hospital paid for it for any special circumstances.** List of our contracted insurance we will provide for avoid misunderstood with these services on medical discharges.

Jose Gautier
Director

Polk County Fire Rescue

Metro EMS Ambulance Services, LLC

1004 Plaza Dr. Office 101& 104

Kissimmee, Florida 34743

863-307-8541

Vehicle Roster.

Brand Fuel	Model	Year	Type	Vin
Ford Gas	E-450	2016	ALS/BLS	1FDXE4FS0GDC47730
Chevrolet Gas	Express 3500	2012	ALS/BLS	1GBZGUCG2C1141173

Any information can contact.

Thanks.

Jose Gautier

Metro EMS Ambulance Services,LLC

Metro EMS Ambulance Services, LLC

Employees List and Certification April 2024

Name:	EMT/PMD	License #	Expired	CPR Exp	ACLS Exp	PALS Exp	Critical Care Cert	Evoc
Jose Gautier	PMD	532493	12/1/2024	Jun-24	Aug-24	Jul-24	Y	Y
Gabriel Baez	PMD	535877	12/1/2024	Jun-24	24-Jul	Jul-24	N	Y
Rafael Ventura	PMD	534495	12/1/2024	May-24	Jun-25	Sep-25	Y	Y
Nelson McNulty	PMD	528893	12/1/2024	Feb-25	28-Feb	1-Jun	Y	Y
Anthony Ottaviano	PMD	529594	12/1/2024	Mar-25	Mar-25	Mar-25	Y	Y
Samantha Rodriguez	EMT	583606	12/1/2024	Jan-25	N/A	N/A	N/A	Y
Gabriela Burgos	EMT	584530	12/1/2024	Mar-25	N/A	N/A	N/A	Y
Joshua Resto	EMT	586738	12/1/2024	Jul-25	N/A	N/A	N/A	N
Shande Harriot	EMT	568727	12/1/2024	Apr-25	N/A	N/A	N/A	Y
Tyler Souza	EMT	585471	12/1/2024	May-25	N/A	N/A	N/A	Y



METREMS-01

RBALLARD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/27/2024

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 Ewing, Blackwelder & Duce Ins. 4930 Southfork Drive Lakeland, FL 33813	CONTACT NAME: Raegan Ballard	
	PHONE (A/C, No, Ext): (863) 647-5187	FAX (A/C, No): (863) 646-6286
E-MAIL ADDRESS: rballard@ebdins.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : Continental Divide Ins Co		35939
INSURER B : Michigan Commercial Insurance Mutual		10998
INSURER C :		
INSURER D :		
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
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		X	04APM037686-02	8/3/2024	8/3/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP \$ 10,000
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A	X	WC100-0143625-2024A	6/14/2024	6/14/2025	<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

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Polk County, a political subdivision of the State of Florida is included as an Additional Insured as it relates to the Auto Liability.
A Waiver of Subrogation applies to the Workers Comp in favor of Polk County, a political subdivision of the State of Florida.

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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METREMS-01

RBALLARD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/17/2024

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INSURER E :		
INSURER F :		

INSURED

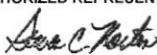
Metro EMS Ambulance Services LLC
 470 Citi Centre St #1129
 Winter Haven, FL 33880

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

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A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		X	04APM037686-01	8/3/2023	8/3/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP \$ 10,000
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	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	N/A X	WC100-0143625-2024A	6/14/2024	6/14/2025	<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

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
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CERTIFICATE HOLDER Polk County, a political subdivision of the State of Florida 330 W Church St, Rm 150 Bartow, FL 33830	CANCELLATION 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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REQUEST FOR LEGAL SERVICES

To: County Attorney's Office
Attention: Brezzi

From: Sheila Cox OMD, Drawer No. FR01

Dept: Polk County Fire Rescue Ext.

Date: 6/17/2024

Request (in detail): Initian application for COPCN

✓ 6/24/26 - I note that the auto liability insurance expire 8/2024. Please be sure to get an updated copy -

Sent new insurance option
6-27-24

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

For County Attorney office use only:

Assign to: Brezzi

Date: JUN 18 2024

County Attorney Project No.: 2024-336

Logged out: 6-25-24

AFFIDAVIT OF PUBLICATION

Polk Sun

Published Weekly

Winter Haven, Polk County, Florida

Case No. Metro EMS Ambulance Services

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 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:

July 03, 2024

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



Anita Swain

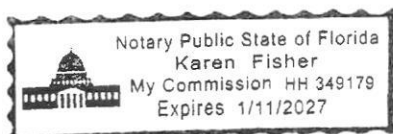
Sworn to and subscribed before me this 3rd day of July 2024 by Anita Swain, who is personally known to me.



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

00023520 00160680 863-519-

Polk County Fire Rescue
1295 Brice Blvd
Bartow, FL 33830



NOTICE

YOU ARE HEREBY NOTICED pursuant to Polk County Ordinance 72-029, that **Metro EMS Ambulance services, LLC Type G & Type H**, a licensed for-profit pre-hospital ambulance provider by the State of Florida. Department of Health has submitted on initial application of their **Type H and Type G 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 977 prehospital responses. In accordance with Polk County Ordinance 72-029 further information on the application is available at the Polk County Fire Rescue Administrative Offices; 7295 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; 7295 Brice Blvd., Bartow, Florida 33830; Attn: Office of Medical Director.

July 3, 2024 160680

NOTICE

YOU ARE HEREBY NOTICED pursuant to Polk County Ordinance 72-029, that **Metro EMS Ambulance services, LLC Type G & Type H**, a licensed for-profit pre-hospital ambulance provider by the State of Florida, Department of Health has submitted on initial application of their Type H and Type G 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 977 prehospital responses. In accordance with Polk County Ordinance 72-029 further information on the application is available at the Polk County Fire Rescue Administrative Offices; 7295 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; 7295 Brice Blvd., Bartow, Florida 33830; Attn: Office of Medical Director.

July 3, 2024 160680

THE ORIGINAL DOCUMENT HAS A REFLECTIVE WATERMARK ON THE BACK

HOLD AT ANGLE TO VIEW, OR NO! CASH IF NO! PRESENT!

copy and features Anti-Fraud Protection

NAME Metro EMS Ambulance

01850420

ACCT. NO. 444 305 5383

DATE March - 25 - 2024

63-1482/670

PAY TO THE ORDER OF Polk County Fire Rescue

\$ 300.00

Three Hundred Dollars — 50/100

DOLLARS  Security features included. Details on back.



Bank
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FOR COPEN Application Polk Co.

Joe A. H.

⑆067014822⑆ 4443055383⑈ 0001

TD Bank, N.A.