

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

6. State the experience of each person listed in Paragraph 4.  
John has been a Paramedic since 1995, critical care RN since 2007. Has a BSN from St Petersburg College. Past business experience - CEO of Panther Mountain. NET INC, CEO PC Xperts, INC, CEO Double J Lounge, INC.
- 
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): Entire Polk County
- 
9. State the facts showing the demand or the need for the level of service in the geographical area being applied for:
- Polk County's population is projected to increase from approximately 783,000 in 2025 to emergency departments are currently experiencing transfer delays of 2 to 6 hours, creating bottlenecks in patient flow and bed availability. Additional BLS, ALS, and Critical Care transport capacity is needed to meet the county's growing demand and maintain timely service.
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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 is 2 page of required equipment. (2) 2024 Ford Transit and (1)2022 Ford transit will be purchased upon COPCN approval.
11. Number of personnel to staff each unit? 2-3 **Attach personnel roster listing name, status as paramedic or EMT, and license number.**
12. 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)

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	Phone number
1117 Bryn Mawr Ave Lake Wales	Headquarters	24/7	ALS	877-368-8294
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

Standby units and on call staff will be dispatched when census increases or if a unit breaks down.

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 XXX 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.

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. Name **Polk County, a political subdivision of the State of Florida** as an additional insured for Automobile Liability with a waive of subrogation for the policies noted on the certificate.
  - h. File a verified statement of ownership with Polk County Fire Rescue Division prior to commencing its operations under the COPCN and will immediately notify Polk County Fire Rescue Division of any change of ownership;
  - i. Keep such records as may be required by Polk County Fire Rescue Division or Polk County Board of County Commissioners, pursuant to the rules and regulations to be adopted pursuant to Polk County Ordinance 12-029 and
  - j. Operate in conformance with state law, Polk County Ordinance-12-029 and all rules and 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

10-20-25

Title

Date

STATE OF FLORIDA

COUNTY OF Polk

This foregoing instrument was acknowledged before me this 20<sup>th</sup> day of OCTOBER, 2025, by JOHN KENCH as

CEO

(title) for Panther Mountain Enterprises LLC

(Company Name)



Notary Signature

NOTARY SEAL/STAMP

Personally Known \_\_\_\_\_ OR Produced Identification ☒  
Type of Identification produced: FL Drivers License



GEORGE L. DUREN  
Notary Public  
State of Florida  
Comm# HH187399  
Expires 12/14/2025



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/20/2025

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

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

<b>PRODUCER</b> Next First Insurance Agency, Inc. PO Box 60787 Palo Alto, CA 94306	<b>CONTACT NAME:</b>		
	<b>PHONE (A/C, No, Ext):</b> (855) 222-5919	<b>FAX (A/C, No):</b>	
	<b>E-MAIL ADDRESS:</b> support@nextinsurance.com		
<b>INSURED</b> Panther Mountain Enterprises 470 Citi Ctr St PMB 1262 Winter Haven, FL 33880	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A:</b> Next Insurance US Company		16285
	<b>INSURER B:</b>		
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		
<b>INSURER F:</b>			

## COVERAGES

CERTIFICATE NUMBER: 499799210

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"/> <b>COMMERCIAL GENERAL LIABILITY</b>	X		NXT3FC7LF4-00-GL	09/08/2025	09/08/2026	EACH OCCURRENCE	\$1,000,000.00
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000.00
							MED EXP (Any one person)	\$10,000.00
							PERSONAL & ADV INJURY	\$1,000,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$1,000,000.00
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$1,000,000.00
	OTHER:							\$
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> OWNED AUTOS ONLY						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY							\$
	<b>UMBRELLA LIAB</b>						EACH OCCURRENCE	\$
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE	\$
	DED							\$
	RETENTION \$							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						PER STATUTE	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A	Contractors Errors and Omissions	X		NXT3FC7LF4-00-GL	09/08/2025	09/08/2026	Each Occurrence:	\$10,000.00
							Aggregate:	\$20,000.00

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

The Certificate Holder is Polk County, a political subdivision of the State of Florida. This Certificate Holder is an Additional Insured on the General Liability policy per the Additional Insured Automatic Status Endorsement. All Additional Insured privileges apply only if required by written agreement between the Certificate Holder and the insured, and are subject to policy terms and conditions.

## CERTIFICATE HOLDER

## CANCELLATION

Polk County, a political subdivision of the State of Florida  
330 W Church St Rm 150  
Bartow, FL 33830

LIVE CERTIFICATE



[Click or scan to view](#)

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



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

Service Name: \_\_\_\_\_ Inspection Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_  
County: \_\_\_\_\_ Type of Inspection: ☐ Initial ☐ Reinspection ☐ Random ☐ Complaint ☐ Announced ☐ Unannounced  
Vehicle Information: ☐ Transport ☐ Non-Transport Unit# \_\_\_\_\_ Year/Make \_\_\_\_\_ Permit Type \_\_\_\_\_ Permit# \_\_\_\_\_  
VIN \_\_\_\_\_ Tag# \_\_\_\_\_

Inspection Codes:

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

Rating Categories:

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



Name	EMT/PARA/DRIVER	CERTIFICATE NUMBER	Crew credentials: Section 401.27(1) And 401.281, F.S.
1.			
2.			
3.			
			Minimum = One EMT and One Driver

**I. VEHICLE REQUIREMENTS (Sections 316 and 401, F.S., Chapter 64J-1, F.A.C. and KKK-A-1822)**

1. Exhaust System	d. Roller gauze
2. Exterior Lights:	e. ABD (minimum 5x9 inch) pads
A. Head lights (high and low beam)	2. One pair of Bandage Shears
B. Turn signals	3. One set each, patient restraints – wrist and ankle
C. Brake Lights	4. One each blood pressure cuffs: infant, pediatric, and adult.
D. Tail Lights	5. One stethoscope: pediatric and adult
E. Back-up lights and audible warning device	6. Blankets
3. Horn	7. Sheets. (not required on non-transport vehicles)
4. Windshield wipers	8. Pillows with waterproof covers and pillowcases or disposable single use pillows. (Not required on non-transport vehicles.)
5. Tires	9. One disposable blanket or patient rain cover.
6. Vehicle free of rust and dents	10. One long spine board and three straps or equivalent.
7. Two-way radio communication – radio test	11. One short spine board and two straps or equivalent.
A. Hospital (cab and patient compartment)	12. One each adult and pediatric cervical immobilization device (CID), approved by the medical director of the service. This approval must be in writing and made available by the provider for the department to review.
B. Dispatch Center	13. Set of padding for lateral lower spine immobilization of pediatric patients or equivalent.
C. Other EMS units	14. Two portable oxygen tanks, "D" or "E" cylinders, with one regulator and gauge. Each tank must have a minimum pressure of 1000 psi.
8. Emergency Lights	15. Each transparent oxygen masks; adult, child and infant sizes, with tubing
9. Siren	16. Set of pediatric and adult nasal cannulae with tubing.
10. Two ABC fire extinguishers fully charged and inspected in brackets. Minimum 5 lbs each.	17. One each hand operated bag-valve mask resuscitators, adult and pediatric accumulator, including adult, child and infant transparent masks capable of use with supplemental oxygen.
11. Doors open properly, close securely.	18. One portable suction, electric or gas powered, with wide bore tubing and tips, which meet the minimum standards as published by the GSA in KKK-A-1822 specifications.
12. Rear and side view mirrors.	19. Assorted sizes of extremity immobilization devices.
13. Windows and windshield	20. One lower extremity traction splint. (Pediatric and Adult)
	21. One sterile obstetrical kit to include, at minimum, bulb syringe, sterile scissors or scalpel and cord clamps or cord-ties.
	22. Burn sheets.

**II. TRANSPORT VEHICLE REQUIREMENTS (Section 401, F.S., and Chapter 64J-1, F.A.C. and KKK-A-1822).**

1. Primary stretcher and three straps.	23. One flashlight with batteries.
2. Auxiliary stretcher and two straps.	24. Occlusive dressings.
3. Two ceiling mounted IV holders.	25. Assorted sizes of oropharyngeal airways. Pediatric and Adult
4. Two no-smoking signs.	26. One installed oxygen with regulator gauge and wrench, minimum "M" size cylinder. (Other installed oxygen delivery systems, such as liquid oxygen, as allowed by medical director. This approval must be in writing and available to the department for review.)
5. Overhead grab rail.	27. Sufficient quantity of gloves – suitable to provide barrier protection from biohazards for all crew members.
6. Squad bench and three sets of seat belts.	28. Sufficient quantity of each for all crewmembers – Face Masks – both surgical and respiratory protective.
7. Interior lights.	29. Assorted pediatric and adult sizes rigid cervical collars as approved in writing by the medical director and available for review by the department.
8. Exterior floodlights.	30. Nasopharyngeal airways, French or mm equivalents ( infant , pediatric , and adult
9. Loading lights.	31. One approved biohazardous waste plastic bag or impervious container per Chapter 64J-1, F.A.C.
10. Heat and air conditioning with fan.	31a. Pediatric length based measurement device for equipment selection and drug dosage
11. Word-"Ambulance" – sides, back and mirror image front.	32. One per crewmember, safety goggles or equivalent meeting A.N.S.I.Z87.1 standard.

**III. MEDICAL EQUIPMENT FOR TESTING (Chapter 64J-1, F.A.C., and KKK-A-1822)**

1. Installed suction. (Transport only)	33. One bulb syringe separate from obstetrical kit.
Items 4, 14, 17, 18 and 26 in section II must be tested.	34. One thermal absorbent reflective blanket.
<b>IV. MEDICAL SUPPLIES AND EQUIPMENT (Chapter 64J-1, F.A.C., GSA KKK-A-1822)</b>	35. Two multi-trauma dressings.
1. Bandaging, dressing and taping supplies:	<b>GENERAL SANITATION (Section 401.26(2)(e), F.S.)</b>
a. Rolls adhesive, silk or plastic tape.	<b>1. Vehicle and Contents <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory</b>
b. Sterile gauze pads, any size	
c. Triangular bandages	
Comments:	

I, the undersigned representative of the above service, acknowledge receipt of a copy of this inspection narrative, applicable supplemental inspection reports and corrective action statement (if applicable). In addition, I am aware of the deficiencies listed (if any) and understand that failure to correct the deficiencies within the established time frames will subject the service and its authorized representatives to administrative action and penalties as outlined in Section 401, F.S., and Chapter 64J-1, F.A.C. Copy of Inspection report and Corrective Action Statement Received by:

Person in Charge: \_\_\_\_\_ Date: \_\_\_\_\_

Inspected By: \_\_\_\_\_ Date: \_\_\_\_\_

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

Service Name: \_\_\_\_\_ Inspection Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Unit No. \_\_\_\_\_

Inspection Codes:

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3 = Minimal support equipment, medical supplies, records or procedures



**LS EQUIPMENT AND MEDICATIONS**  
(Reference Chapter 64J-1, F.A.C.)

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

Comments:

I, the undersigned representative of the above service, acknowledge receipt of a copy of this inspection narrative, applicable supplemental inspection reports and corrective action statement (if applicable). In addition, I am aware of the deficiencies listed (if any) and understand that failure to correct the deficiencies within the established time frames will subject the service and its authorized representatives to administrative action and penalties as outlined in Section 401, F.S., and Chapter 64J-1, F.A.C. Copy of Inspection report and Corrective Action Statement Received by:

Person in Charge: \_\_\_\_\_ Date: \_\_\_\_\_

Inspected By: \_\_\_\_\_ Date: \_\_\_\_\_

The provider's medical director may determine quantities. Quantities must be sufficient to meet the services protocols.

**Express Medical Transport** (*Panther Mountain Enterprises, LLC*)

**Personnel Roster**

Name	Certification Level	License Number
John Kincaid	Paramedic	PMD202197
Terrance Hammonds	Emergency Medical Technician (EMT)	EMT516438
Carolina Sermini	Emergency Medical Technician (EMT)	EMT585200
Felicia Braddy	Registered Nurse (RN)	RN9298203
Richard Hovenstine	Emergency Medical Technician (EMT)	EMT570069
Orlando Surca	Paramedic	PMD529841
James Sellers	Physician Assistant (PA)	PA9104288
Colt Renfro	Emergency Medical Technician (EMT)	EMT535701



**Panther Mountain Enterprises, LLC dba Express Medical Transport**

877-368-8294

john.kincaid@emtransports.com

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**Statement Regarding Florida Department of Health Ambulance Provider License**

As a newly established ambulance service provider, **Panther Mountain Enterprises, LLC dba Express Medical Transport** is currently in the process of obtaining a **Certificate of Public Convenience and Necessity (COPCN)** from Polk County.

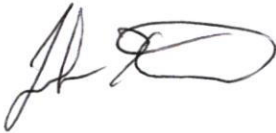
In accordance with Florida Department of Health, Bureau of EMS regulations, the **ALS/BLS Ambulance Provider License** cannot be issued until a valid **COPCN** has been granted by the local jurisdiction.

Upon approval of the COPCN, Express Medical Transport will immediately submit the required application and documentation to the **Florida Department of Health, Bureau of Emergency Medical Oversight** to obtain the appropriate **ALS Ambulance Provider License** in full compliance with all applicable federal, state, and local requirements.

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**Signed,**

John Kincaid

A handwritten signature in black ink, appearing to read 'J. Kincaid', written over a horizontal line.

### **Agreement to Assist During Disaster Situations**

Express Medical Transport hereby agrees to provide assistance to Polk County Fire Rescue and other emergency services during disaster situations. We commit to supporting coordinated efforts, including resource deployment, patient transport, and adherence to emergency protocols, in alignment with Florida statutes and county guidelines to ensure community safety and effective response.

If you require additional details or documentation, please contact us at 877-368-8294 or [john.kincaid@emtransports.com](mailto:john.kincaid@emtransports.com).

A handwritten signature in black ink, appearing to read 'John Kincaid', with a stylized, elongated flourish extending to the right.

John Kincaid Express Medical Transport

<b>Description</b>	<b>Rate</b>
ALS Emergent	\$750.00
ALS 1 Non-Emergent	\$600.00
ALS 2 Time - After 45 minutes for every 15 minutes or fraction thereof	\$90.00
ALS Wait Time - After 45 minutes for every 15 minutes or fraction thereof	\$30.00
Bariatric BLS - Plus Base Rate	\$40.00
Bariatric Specialty Care Transport - Plus Base Rate	\$40.00
BLS Non-Emergent	\$350.00
BLS Wait Time - After 45 minutes for every 15 minutes or fraction thereof	\$20.00
Dead Head per Hr >100 miles	\$150.00
Extra ambulance attendant (ALS, BLS, SCT)	\$125.00
Flight Crew Only	\$350.00
Lodging	\$250.00
Mileage - ALS Fee	\$12.50
Mileage - BLS	\$17.00
Mileage - Specialty Care Transport	\$17.00
Mileage - Stretcher Charge	\$5.00
Oxygen Sufficient Funds Charge	\$75.00
Specialty Care Transport (SCT) - After 45 minutes for every 15 minutes or fraction thereof	\$150.00
Specialty Care Transport Wait Time - After 45 minutes for every 15 minutes or fraction thereof	\$50.00
Special Event ALS Dedicated	\$300.00
Special Event BLS Dedicated	\$200.00
Special Event Specialty Care Transport Dedicated	\$500.00



# LOCALiQ

The Gainesville Sun | The Ledger  
Daily Commercial | Ocala StarBanner  
News Chief | Herald-Tribune

PO Box 631244 Cincinnati, OH 45263-1244

## **AFFIDAVIT OF PUBLICATION**

Panther Mountain Enterprises

STATE OF WISCONSIN, COUNTY OF BROWN

Before the undersigned authority personally appeared, who on oath says that he or she is the Legal Coordinator of The Ledger-News Chief, published in Polk County, Florida; that the attached copy of advertisement, being a Public Notices, was published on the publicly accessible website of Polk County, Florida, or in a newspaper by print in the issues of, on:

LKL The Ledger - News Chief 10/07/2025  
LKL theledger.com 10/07/2025

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

Subscribed and sworn to before me, by the legal clerk, who is personally known to me, on 10/07/2025

Legal Clerk

Notary, State of WI, County of Brown

My commission expires

Publication Cost: \$182.02

Tax Amount: \$0.00

Payment Cost: \$182.02

Order No: 11727733

# of Copies:

Customer No: 1552662

0

PO #: LSAR0382314

**THIS IS NOT AN INVOICE!**

*Please do not use this form for payment remittance.*

KAITLYN FELTY  
Notary Public  
State of Wisconsin

## NOTICE

YOU ARE HEREBY NOTICED pursuant to Polk County Ordinance 12-029, that **Panther Mountain Enterprises, LLC dba Express Medical Transport**, 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.

November 12, 2025 197098



AFFIDAVIT OF PUBLICATION

**Lakeland Sun**

Published Weekly

Winter Haven, Polk County, Florida

Case No. Express Medical Transport

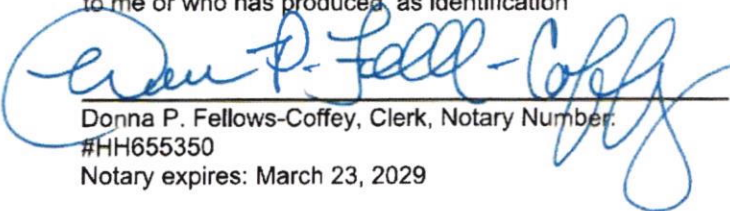
STATE OF FLORIDA  
COUNTY OF POLK

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:

November 12, 2025

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

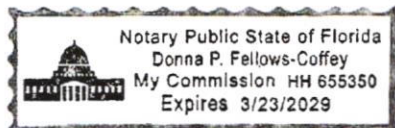
Sworn to and subscribed before me this 12th day of November 2025 by Anita Swain, who is personally known to me or who has produced as identification

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

Notary expires: March 23, 2029

00023520 00197098 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 **Panther Mountain Enterprises, LLC dba Express Medical Transport**, 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.  
November 12, 2025 197098



# 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: 11/06/2025  
Ad #: 00197098  
Salesperson: 802 Ad Taker: 802

Class: 0138

Sort Line: Panther Mountain Enterprises

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

Description	Start	Stop	Ins.	Cost/Day	Amount
420 Lakeland Sun	11/12/2025	11/12/2025	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 Panther Mountain Enterprises, LLC dba Express Medical Transport, 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

### Payment Reference:

Credit Card #XXXX1537 \$-52.00

Total:	52.00
Tax:	0.00
Net:	52.00
Prepaid:	-52.00
<b>Total Due</b>	<b>0.00</b>

# LEGALS

## Tax Deeds

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)534-4528. November 5, 12, 19, 26, 2025 195915

## NOTICE OF APPLICATION FOR A TAX DEED

NOTICE IS HEREBY GIVEN that AD KINDER LLC, 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. 7049**  
**Year of Issuance: 2023**  
**Tax Deed Number: 00901-2025**  
**Description of Property:**  
 B 132 FT OF S 28 FT OF W 330 FT OF E 660 FT OF SW1/4 OF SEC BEING TRACT B-511, OF UNRE ORLANDO PINES UNIT 4  
**SUBJECT TO 2025 TAXES**  
**Parcel ID:**  
 26-39-21-4905-0004-1350  
**Property Address:** PO BOX CITY FL 33880 United States  
**Name in which Assessed:**  
 FREDDY SOLIS RAMEZ  
 VEREDIA CABRERA PAGAN, ES-TATE OF  
 All of said property being in the county of Polk, State of Florida, unless such certificate(s) shall be returned according to law, the property described in such certificate(s) will be sold to the highest bidder on or December 18th, 2025 at 9:30 A.M. or any subsequently scheduled sale date.  
 Dated this 20th day of October, 2025  
 Signature Stacy M. Butterfield  
 Clerk of Circuit Court of Polk County, Florida (SEAL)

NOTICE IS HEREBY GIVEN that AD KINDER LLC, 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. 7049**  
**Year of Issuance: 2023**  
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**Description of Property:**  
 B 132 FT OF S 28 FT OF W 330 FT OF E 660 FT OF SW1/4 OF SEC BEING TRACT B-511, OF UNRE ORLANDO PINES UNIT 4  
**SUBJECT TO 2025 TAXES**  
**Parcel ID:**  
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 Dated this 20th day of October, 2025  
 Signature Stacy M. Butterfield  
 Clerk of Circuit Court of Polk County, Florida (SEAL)

NOTICE IS HEREBY GIVEN that AVK REAL ESTATE LLC, 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. 12178**  
**Year of Issuance: 2023**  
**Tax Deed Number: 00963-2025**  
**Description of Property:**  
 POINCIANA NEIGHBORHOOD 2 WEST VILLAGE 7 PB 95 PGS 518 B LK 438 LOT 22  
**SUBJECT TO 2025 TAXES**  
**Parcel ID:**  
 26-37-31-9244-0043-8220  
**Property Address:** 1300 CONGO DR POINCIANA FL 34759 United States  
**Name in which Assessed:**  
 ARLENE KAREN CUMMINGS  
 All of said property being in the county of Polk, State of Florida, unless such certificate(s) shall be returned according to law, the property described in such certificate(s) will be sold to the highest bidder on or December 18th, 2025 at 9:30 A.M. or any subsequently scheduled sale date.  
 Dated this 20th day of October, 2025  
 Signature Stacy M. Butterfield  
 Clerk of Circuit Court of Polk County, Florida (SEAL)

NOTICE IS HEREBY GIVEN that MICHELLE ROBBINS, 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. 12178**  
**Year of Issuance: 2023**  
**Tax Deed Number: 00963-2025**  
**Description of Property:**  
 POINCIANA NEIGHBORHOOD 2 WEST VILLAGE 7 PB 95 PGS 518 B LK 438 LOT 22  
**SUBJECT TO 2025 TAXES**  
**Parcel ID:**  
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**Name in which Assessed:**  
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## Tax Deeds

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**Property Address:** 1300 CONGO DR POINCIANA FL 34759 United States  
**Name in which Assessed:**  
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 Dated this 22nd day of October, 2025  
 Signature Stacy M. Butterfield  
 Clerk of Circuit Court of Polk County, Florida (SEAL)

## Tax Deeds

or, 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)534-4528. November 5, 12, 19, 26, 2025 195948

NOTICE IS HEREBY GIVEN that ELVENTH TALENT LLC, 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. 1988**  
**Year of Issuance: 2023**  
**Tax Deed Number: 00988-2025**  
**Description of Property:**  
 FAIRLINE SUB PG 38 PG 16 LOT 4  
**SUBJECT TO 2025 TAXES**  
**Parcel ID:**  
 23-29-14-1412-0000-0040  
**Property Address:** 1721 MCINTIE BLVD LAKELAND FL 33811 United States  
**Name in which Assessed:**  
 BRANDON WERT  
 All of said property being in the county of Polk, State of Florida, unless such certificate(s) shall be returned according to law, the property described in such certificate(s) will be sold to the highest bidder on or December 18th, 2025 at 9:30 A.M. or any subsequently scheduled sale date.  
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 23-29-14-1412-0000-0040  
**Property Address:** 1721 MCINTIE BLVD LAKELAND FL 33811 United States  
**Name in which Assessed:**  
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 All of said property being in the county of Polk, State of Florida, unless such certificate(s) shall be returned according to law, the property described in such certificate(s) will be sold to the highest bidder on or December 18th, 2025 at 9:30 A.M. or any subsequently scheduled sale date.  
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 Signature Stacy M. Butterfield  
 Clerk of Circuit Court of Polk County, Florida (SEAL)

NOTICE IS HEREBY GIVEN that ELVENTH TALENT LLC, 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. 629**  
**Year of Issuance: 2023**  
**Tax Deed Number: 00990-2025**  
**Description of Property:**  
 2505 FT OF W 1/2 OF SE1/4 OF SW1/4 OF NE1/4 LESS S 565 FT & N 535 FT OF S 565 FT OF E 25 FT OF W 402 FT OF SE1/4 OF SW1/4 OF NE1/4  
**SUBJECT TO 2025 TAXES**  
**Parcel ID:**  
 23-37-30-0000-0001-4052  
**Property Address:** SLEEPY HILL RD LAKELAND FL 33810 United States  
**Name in which Assessed:**  
 MICHELE BUTTS  
 All of said property being in the county of Polk, State of Florida, unless such certificate(s) shall be returned according to law, the property described in such certificate(s) will be sold to the highest bidder on or December 18th, 2025 at 9:30 A.M. or any subsequently scheduled sale date.  
 Dated this 22nd day of October, 2025  
 Signature Stacy M. Butterfield  
 Clerk of Circuit Court of Polk County, Florida (SEAL)

NOTICE IS HEREBY GIVEN that ELVENTH TALENT LLC, 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. 13355**  
**Year of Issuance: 2023**  
**Tax Deed Number: 00967-2025**  
**Description of Property:**  
 BEG 25 91 FT E OF NW COR OF SW1/4 OF SW1/4 RUN S 94 96 FT TO POB BEING LOT 1 OF UNRECORDED SURVEY  
**SUBJECT TO 2025 TAXES**  
**Parcel ID:**  
 26-32-05-0000-0004-4430  
**Property Address:** HOPKIN RD FROSTPROOF FL 33843 United States  
**Name in which Assessed:**  
 MINNIE BURELL ESTATE OF  
 All of said property being in the county of Polk, State of Florida, unless such certificate(s) shall be returned according to law, the property described in such certificate(s) will be sold to the highest bidder on or December 18th, 2025 at 9:30 A.M. or any subsequently scheduled sale date.  
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 Signature Stacy M. Butterfield  
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NOTICE IS HEREBY GIVEN that ELVENTH TALENT LLC, 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. 7775**  
**Year of Issuance: 2023**  
**Tax Deed Number: 00992-2025**  
**Description of Property:**  
 LAKE MARLIN 12 ACRES UNIT 200 PB 71 PGS 35 & 36 LOT 214 S/N IN REC AREA AC 107 232  
**SUBJECT TO 2025 TAXES**  
**Parcel ID:**  
 26-38-26-0000-0000-2140  
**Property Address:** 2022 THELMA DR LAKE ALFRED FL 33850 United States  
**Name in which Assessed:**  
 CHARLES GALLISON  
 All of said property being in the county of Polk, State of Florida, unless such certificate(s) shall be returned according to law, the property described in such certificate(s) will be sold to the highest bidder on or December 18th, 2025 at 9:30 A.M. or any subsequently scheduled sale date.  
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 Signature Stacy M. Butterfield  
 Clerk of Circuit Court of Polk County, Florida (SEAL)

NOTICE IS HEREBY GIVEN that ELVENTH TALENT LLC, 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. 7936**  
**Year of Issuance: 2023**  
**Tax Deed Number: 00993-2025**  
**Description of Property:**  
 RAM TAYLOR FLD SUB PG 5 PG 43 BLK 1 LOTS 10 TO 13  
**SUBJECT TO 2025 TAXES**  
**Parcel ID:**  
 26-28-16-3395-0000-1100  
**Property Address:** 106 SEARS AVE NE WINTER HAVEN FL 33881 United States  
**Name in which Assessed:**  
 JUBO LLC  
 All of said property being in the county of Polk, State of Florida, unless such certificate(s) shall be returned according to law, the property described in such certificate(s) will be sold to the highest bidder on or December 18th, 2025 at 9:30 A.M. or any subsequently scheduled sale date.  
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**Name in which Assessed:**  
 JUBO LLC  
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**Certificate No. 629**  
**Year of Issuance: 2023**  
**Tax Deed Number: 00990-2025**  
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**SUBJECT TO 2025 TAXES**  
**Parcel ID:**  
 23-37-30-0000-0001-4052  
**Property Address:** SLEEPY HILL RD LAKELAND FL 33810 United States  
**Name in which Assessed:**  
 MICHELE BUTTS  
 All of said property being in the county of Polk, State of Florida, unless such certificate(s) shall be returned according to law, the property described in such certificate(s) will be sold to the highest bidder on or December 18th, 2025 at 9:30 A.M. or any subsequently scheduled sale date.  
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**Certificate No. 7775**  
**Year of Issuance: 2023**  
**Tax Deed Number: 00992-2025**  
**Description of Property:**  
 LAKE MARLIN 12 ACRES UNIT 200 PB 71 PGS 35 & 36 LOT 214 S/N IN REC AREA AC 107 232  
**SUBJECT TO 2025 TAXES**  
**Parcel ID:**  
 26-38-26-0000-0000-2140  
**Property Address:** 2022 THELMA DR LAKE ALFRED FL 33850 United States  
**Name in which Assessed:**  
 CHARLES GALLISON  
 All of said property being in the county of Polk, State of Florida, unless such certificate(s) shall be returned according to law, the property described in such certificate(s) will be sold to the highest bidder on or December 18th, 2025 at 9:30 A.M. or any subsequently scheduled sale date.  
 Dated this 22nd day of October, 2025  
 Signature Stacy M. Butterfield  
 Clerk of Circuit Court of Polk County, Florida (SEAL)

NOTICE IS HEREBY GIVEN that ELVENTH TALENT LLC, 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. 7775**  
**Year of Issuance: 2023**  
**Tax Deed Number: 00992-2025**  
**Description of Property:**  
 LAKE MARLIN 12 ACRES UNIT 200 PB 71 PGS 35 & 36 LOT 214 S/N IN REC AREA AC 107 232  
**SUBJECT TO 2025 TAXES**  
**Parcel ID:**  
 26-38-26-0000-0000-2140  
**Property Address:** 2022 THELMA DR LAKE ALFRED FL 33850 United States  
**Name in which Assessed:**  
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 All of said property being in the county of Polk, State of Florida, unless such certificate(s) shall be returned according to law, the property described in such certificate(s) will be sold to the highest bidder on or December 18th, 2025 at 9:30 A.M. or any subsequently scheduled sale date.  
 Dated this 22nd day of October, 2025  
 Signature Stacy M. Butterfield  
 Clerk of Circuit Court of Polk County, Florida (SEAL)

## Intent to Consider

NOTICE OF INTENT TO USE UNIFORM METHOD OF COLLECTING NON-AD VALOREM ASSESSMENTS

The City of Bartow, Florida (the City) hereby provides notice pursuant to section 197.3632(3)(a), Florida Statutes, of its intent to use the uniform method of collecting imposed non-ad valorem special assessments to be levied within the incorporated area of the City, for the cost of providing street, sidewalks and curbs maintenance, exterior illumination/metering, street/interstate water plant distribution infrastructure and for solid waste collection commencing for the Fiscal Year beginning October 1, 2026.

The City will consider the adoption of a resolution electing to use the uniform method of collecting such assessments authorized by section 197.3632, Florida Statutes, at a public hearing to be held at 6:00 p.m. on December 1, 2025, in the City Commission Chambers, City Hall, 450 North Wilson Avenue, Bartow, Florida. Such resolution will state the need for the levy and will contain a legal description of the boundaries of the real property subject to the levy. All interested persons are invited to attend.

Interested parties may appear at the meeting and be heard in regard to the proposed ordinance and/or resolution(s). If any person desires to appear a decision made by the City Commission with respect to any matter considered at such hearing, they will need to ensure that a verbatim record of the proceedings is made, which includes the testimony and evidence upon which the appeal is to be based. You must make your own arrangements to produce this record (F.S. 286.0105).

The proposed ordinance(s) and/or resolution(s) are available in the office of the City Clerk located at City Hall, 450 N. Wilson Ave., Bartow, FL 33830 and can be viewed during normal business hours. Please call 863-534-0100 in advance to arrange to view the files in accordance with the Americans with Disabilities Act and F.S. 375.08, persons with disabilities or physical impairments who need special accommodations to participate in this proceeding should contact the City Clerk's Office 48 hours in advance of the meeting at 863-534-0100. If hearing or voice impaired contact Florida Relay at 7-1-1 for assistance.

The City Commission may convene the public hearing(s) to other dates and times as it deems necessary. Any interested party who wishes to attend the public hearing(s) will need to ensure that a verbatim record of the proceedings is made, which includes the testimony and evidence upon which the appeal is to be based. You must make your own arrangements to produce this record (F.S. 286.0105).

**Other Notices**  
**Notice of Self Storage Sale**  
 Please take notice: Affordable Storage of Bartow located at 1515 Centennial Blvd Bartow FL 33830 intends to hold a sale to sell the property stored at the facility by the Long Range Transportation Plan, Envision 2050. The Board will review public comments prior to taking action on these matters. Interested parties may request information and submit written comments on these items ahead of the meeting to Angela Kaufman, Polk TPO, PO Box 9005, Drawer T505, Bartow, FL 33831, as well as, during the Public Hearing to be held during the TPO Board Meeting on Thursday, December 9, 2025.  
 Public hearings take place during TPO Board meetings held at the Polk County Administration Building in the Board Room, located at 330 W. Church St., Bartow, FL 33830, at 9:00 a.m. or soon thereafter.  
 The TPO planning process is conducted in accordance with Title VI of the Civil Rights Act of 1964 and Related Statutes. Any person or beneficiary who believes they have been discriminated against because of race, color, religion, sex, age, national origin, disability, or family status may file a complaint with the TPO's Title VI Specialist, Cindy Mitchell, at the address above or contact her at (863) 534-6597.  
 In accordance with the Americans with Disabilities Act, persons with disabilities needing special accommodations to participate in this proceeding should contact the Board of County Commissioners, Communications Office, located at 330 W. Church Street, Bartow by telephone (863)534-6490 not later than four days prior to the proceeding. If hearing impaired call: (TDD) (863) 534-7777 or 1-800-955-8771 or Voice impaired call: 1-800-955-8771, via Florida Relay Service. November 5, 12, 19, 26, 2025 196798

## Other Notices

**Public Notice**  
 The Polk Transportation Planning Organization (TPO) has scheduled a public hearing, for Thursday, December 9, 2025. The hearing will consider amendments to the Transportation Improvement Program (TIP) for the years 2025/26 - 2029/30 and accepting the final draft of the Long Range Transportation Plan, Envision 2050. The Board will review public comments prior to taking action on these matters. Interested parties may request information and submit written comments on these items ahead of the meeting to Angela Kaufman, Polk TPO, PO Box 9005, Drawer T505, Bartow, FL 33831, as well as, during the Public Hearing to be held during the TPO Board Meeting on Thursday, December 9, 2025.  
 Public hearings take place during TPO Board meetings held at the Polk County Administration Building in the Board Room, located at 330 W. Church St., Bartow,



## REQUEST FOR LEGAL SERVICES

To: County Attorney's Office  
Attention: BREEZI HICKS

From: Sheila Cox, Drawer No. F01

Dept: FIRE RESCUE Ext.           

Date: 10/23/25

Request (in detail): Initial COPCN application

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

*10/23/25 good to go*

County Attorney

For County Attorney office use only:

Assign to: BREEZI

Date: OCT 23 2025

County Attorney Project No.: 2025-693

Logged out: 11-23-25



**YOU ARE HEREBY NOTICED** pursuant to Polk County Ordinance 12-029, that **Panther Mountain Enterprises, LLC dba Express Medical Transport** , 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.

## Notice

YOU ARE HEREBY NOTIFIED pursuant to Polk County Ordinance 12-029, that Panther Mountain Enterprises, LLC dba Express Medical Transport soon to be licensed as a non-hospital ambulance provider by the State of Florida, Department of Health has submitted an application for the issuance of Type G and Type H Certificates of Public Convenience and Necessity (COPCN) to establish and operate Advanced Life Support and Basic Life Support Inter-facility Transport Services within the geographical bounds of Polk County, including all incorporated areas. This level of service and transport is for medically necessary patients to and from medical facilities. This does not include any 911 prehospital responses. In accordance with Polk County Ordinance 12-029 a printed version of 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 therefor, to Polk County Fire Rescue: 1295 Brice Blvd., Bartow, Florida 33830 Attn: Deputy Chief of Medical Services.

October 7 2025  
LSAR0382314