

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

WHEREAS, Pasco Pinellas Hillsborough Community Health system Inc d/b/a AdvantHealth Wesley Chapel, 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, 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 10-066 to Pasco Pinellas Hillsborough Community Health system Inc d/b/a AdvantHealth Wesley Chapel provide services within the incorporated and unincorporated areas of Polk County, Florida, with the limitations as prescribed herein.

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, Pasco Pinellas Hillsborough Community Health system Inc d/b/a AdvantHealth Wesley Chapel agrees to indemnify Polk County, Florida, for any claims or losses arising out of its operations.

Limitations: This COPCN 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 (F.A.C.), the Polk County Code of Ordinance 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 transferrable, either voluntarily or by operations of law, without prior written approval by the county.

Date of issue: October 24, 2023

Date of Expiration: October 24, 2028  
(Unless suspension or revocation is prior thereto)

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Chairperson, Board of County Commissioners

# BOARD OF COUNTY COMMISSIONERS OF POLK COUNTY

## CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

WHEREAS, *Pasco Pinellas Hillsborough Community Health system Inc d/b/a AdvantHealth Wesley Chapel* has requested authorization to provide Type H: Basic Life Support ("BLS") Interfacility 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 H Certificate of Public Convenience and Necessity ("COPCN") as defined by Polk County Ordinance 12-029 to *Pasco Pinellas Hillsborough Community Health system Inc d/b/a AdvantHealth Wesley Chapel* to provide services within the incorporated and unincorporated areas of Polk County, Florida with the limitations as prescribed herein.

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.

Conditions of Approval *Pasco Pinellas Hillsborough Community Health system Inc d/b/a AdvantHealth Wesley Chapel* must provide proof of becoming a licensed Basic Life Support ambulance provider as approved by the Florida Department of Health, Bureau of EMS.

- 1) *Pasco Pinellas Hillsborough Community Health system Inc d/b/a AdvantHealth Wesley Chapel* must also provide documentation to verify they have passed their initial state inspection.
- 2) *Pasco Pinellas Hillsborough Community Health system Inc d/b/a AdvantHealth Wesley Chapel* must meet these conditions within 120 days of approval of the COPCN.

*Limitations: This COPCN is limited to non-emergency Basic Life Support Interfacility 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 Interfacility 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: October 24, 2023

Date of Expiration: October 24, 2028

(Unless suspension or revocation is prior thereto)

*Chairperson, Board of Polk County Commissioners*

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

This renewal application is for a currently approved, issued and active 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.

Application Type:

Initial ☐

Renewal ☒

1. **Name of business** Pasco Pinellas Hillsborough Community Health system Inc d/b/a AdventHealth Wesley Chapel
2. **Address** 30,000 County Line Road  
**City** Wesley Chapel **State** Florida **Zip Code** 33543  
**P.O. Box** N/A  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_
3. **Phone number(s)** 813-929-5646  
**(Include area codes)** None **Business Office** 813-393-9380  
**Pager Number** \_\_\_\_\_ **Cell Phone Number** \_\_\_\_\_
4. **List names, addresses and day time phone numbers of (all) owner, partners, operator and/or board of directors of corporation.**

Erik Wangsness	2600 Bruce B Downs Blvd Wesley Chapel Fl 33544	813-929-5000 President/CEO
Dawn Hicks-Waldron	2600 Bruce B Downs Blvd Wesley Chapel Fl 33544	813-929-5000 VP/ CNO
Jonathan Fisher	2600 Bruce D Downs Blvd Wesley Chapel Fl 33544	813-929-5000 VP/CFO
Jeffrey Bogue	30000 County Line Road Wesley Chapel Fl 33543	813-929-5646 Director of EMS

5. **State the experience of everyone listed in Paragraph 4.**

HospitalLeadership, CEO, CFO and CNO all offer 20+ years experience in hospital administration  
Director of EMS 30+ years EMS experience including Fire Rescue, interfacility and Aeromedical aviation medicine.

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

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



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.

Renewal of previous COPCN

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

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

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

- a. To indemnify Polk County for any claims or losses arising out of applicant's operations;
- b. Applicant will comply with all state and county laws and regulations;
- c. Provide continuous and uninterrupted service to the extent and for the area authorized by the COPCN;
- d. Provide service to adjacent areas or routes within Polk County, when requested to do by public safety agencies, in an emergency situation or in accordance with established agreements;
- e. Keep posted at all the principal business locations in Polk County a copy of the COPCN and any rate or fee schedule;
- f. Provide proof of insurance in amounts required by the Board of County Commissioner through the Risk Management Department;
- g. File a verified statement of ownership with Polk County Fire Rescue Division prior to commencing its operations under the COPCN and will immediately notify Polk County Fire Rescue Division of any change of ownership;
- h. Keep such records as may be required by Polk County Fire Rescue Division or Polk County Board of County Commissioners, pursuant to the rules and regulations to be adopted pursuant to Polk County Ordinance 12-029 and
- i. Operate in conformance with state law, Polk County Ordinance-12-029 and all rules and regulation hereunder.

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

[Signature]  
Signature of Applicant  
DIRECTOR OF EMS 5/4/23  
Title Date

STATE OF FLORIDA  
COUNTY OF Pasco

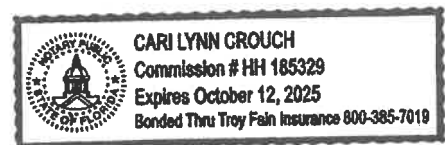
This foregoing instrument was acknowledged before me  
this 4th day of May, 2023, by

Jeff Bogale  
as Director of EMS (title)  
for Advent Health Wesley Chapel  
(Company Name)

Cari Lynn Crouch  
Notary Signature

Personally Known ☒ OR Produced Identification ☐  
Type of Identification produced:

NOTARY SEAL/STAMP



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

# Statement of Ownership

To whom it may concern:

Adventhealth Wesley Chapel EMS is a wholly owned entity of Pinellas-Pasco Hillsborough Health Systems Inc. D/B/A AdventHealth Wesley Chapel.

Respectfully,

 5/4/23  
Jeffrey A Bogue

Director of Emergency Medical Services

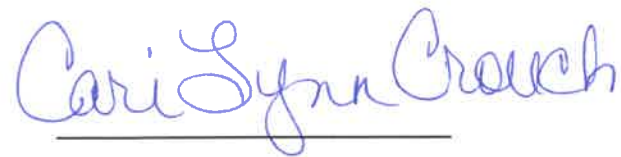
STATE OF FLORIDA

COUNTY OF Pasco

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization, this 05/04/2023 by Jeffrey A Bogue (name of person acknowledging).

(Seal)





Signature of Notary Public

Print, Type/Stamp Name of Notary

Cari Lynn Crouch

Personally known:   X  

OR Produced Identification: \_\_\_\_\_

Type of Identification Produced: N/A

<b>CERTIFICATE OF COVERAGE</b>				<b>Issue Date:</b> 04/01/2023			
AdventHealth Risk Management 900 Hope Way Altamonte Springs, FL 32714 (407) 357-2290				This certificate is issued as a matter of information only and confers no rights upon the Certificate Holder. This certificate does not amend, extend or alter the coverage afforded by the AHS Liability Trust or any insurance policies listed below.			
<b>Named Participant:</b>				<b>COMPANIES AFFORDING COVERAGE</b>			
Pasco Pinellas Hillsborough Community Health System, Inc. d/b/a AdventHealth Wesley Chapel 2600 Bruce B. Downs Blvd Wesley Chapel, FL 33544				Company Letter A: AHS Liability Trust			
				Company Letter F: Safety National Casualty Corporation			
				Company Letter G: AHS Workers Compensation Liability Trust			
				<b>Coverages</b>			
This is to certify that the coverage below has been issued to the Named Participant listed above for the time 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.							
<b>Co. Ltr</b>	<b>Type of Insurance</b>		<b>Policy Number</b>	<b>Policy Effective</b>	<b>Policy Expiration</b>	<b>Limits</b>	
A	X	Hospital Professional/Comprehensive General Liability & MCO E&O	8528-2023	04/01/2023	04/01/2024	Each Occurrence Annual Aggregate	\$1,000,000 \$3,000,000
A	X	Claims Made (HPL & Managed Care Errors)					
A	X	Occurrence (CGL Only)					
F	X	Automobile Liability- All Vehicles	CA6675747	07/01/2022	07/01/2023	Combined Single Limit (Bodily Injury & Property Damage)	\$5,000,000
G	X	Worker's Compensation	CO, FL, GA, IL, KS, KY, NC, TN AHSWC22	08/01/2022	08/01/2023		\$1,000,000
<b>Description of Operations/Locations/Vehicles/Special Items:</b>							
All operations subject to the terms and conditions of the Trust or insurance policies listed above but only with respect to the liability arising out of AdventHealth Wesley Chapel's agreement to provide medical transportation services in Polk County. Polk County, a Political Subdivision of the State of Florida and its Elected Officials, it's Agents, Employees, and Volunteers are additional insureds with regard to general liability as their interest may appear and where required by written contract. Coverage provided is a per occurrence aggregate and is not increased by the number of named participants or claimants involved. Polk County Board of County Commissioners (330 W Church St, Bartow, FL 33830)							
<b>Certificate Holder</b>				Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail written notice to the Certificate Holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives or employees.			
Polk County BOCC 330 W Church St Bartow, FL 33830				<b>Authorized Representative:</b> 			
				<b>Date:</b> 05/03/2023			





STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
BUREAU OF EMERGENCY MEDICAL OVERSIGHT

ADVANCED LIFE SUPPORT SERVICE LICENSE

This is to certify that: ADVENTHEALTH WESLEY CHAPEL Provider Number #: 10006  
Name of Provider

30000 COUNTY LINE ROAD, WESLEY CHAPEL, FLORIDA 33543  
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:

HARDEE, HIGHLANDS, HILLSBOROUGH, MARION, PASCO, POLK  
County(s)

A handwritten signature in black ink, appearing to read "Michael Hall", is located below the county list.

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

**THIS CERTIFICATE EXPIRES ON: 06/04/2024**

This certificate shall be posted in the above mentioned establishment



### Back up Availability

AdventHealth Wesley Chapel operates a Fleet of 15 ambulances. This fleet of ambulances is comprised of Type I, Type II and Type II ambulances. Currently supporting hospitals in 6 counties. Back up units are available from the EMS Fleet and all units are maintained by local ASE certified mechanics. Appropriate records are kept for all repair and maintenance remaining compliant with State of Florida requirements.



## Disaster Agreement

AdventHealth Wesley Chapel and its ambulance service shall participate, to the fullest extent of its capabilities, in rescue, recovery and treatment efforts in the event of a natural disaster. AdventHealth is committed to excellent patient care and an excellent patient experience. We remain faithfully dedicated to providing our communities with every resource we have available when and where they are needed in the event of a natural disaster.



GROUND VEHICLE  
ALS EQUIPMENT AND MEDICATIONS

MEDICATION

WT/VO

1. Atropine Sulfate.
2. Dextrose, 50 percent.
3. Epinephrine HCL. 1:1,000
4. Epinephrine HCL. 1:10,000
5. Ventricular dysrhythmic.
6. Benzodiazepine sedative/anticonvulsant.
7. Naloxone (Narcan).
8. Nitroglycerin. 0.4 mg.
9. Inhalant beta adrenergic agent with nebulizer apparatus, as approved by the medical director.

I.V. SOLUTIONS

1. Lactated Ringers or Normal Saline.

EQUIPMENT

- (a) Laryngoscope handle with batteries.
- (b) Laryngoscope blades; adult, child and infant sizes.
- (c) Pediatric I.V. arm board or splint appropriate for I.V. stabilization.
- (d) Disposable endotracheal tubes; adult, child and infant sizes. Those below 5.5 mm shall be uncuffed. 2.5 mm – 5.0 mm uncuffed; 5.5 mm – 7.0 mm; 7.5 mm – 9.0 mm).
- (e) Endotracheal tube stylets pediatric and adult.
- (f) Magill forceps, pediatric and adult sizes.
- (g) Device for intratracheal meconium suctioning in newborns.
- (h) Tourniquets.
- (i) I.V. cannulae 14 thru 24 gauge.
- (j) Micro drip sets.
- (k) Macro drip sets.
- (l) I.V. pressure infuser.
- (m) Needles 18 thru 25 gauge.
- (n) Intraosseous needles and three way stop cocks.
- (o) Syringes, from 1 ml. to 20 ml.
- (p) D.C. battery powered portable monitor with defibrillation and pacing capabilities, ECG printout and spare battery. The unit shall be capable of delivering pediatric defibrillation (energy below 25 watts/sec and appropriate equipment).
- (q) Monitoring electrodes for adults and pediatrics.
- (r) Pacing electrodes. Pediatric and Adult.
- (s) Glucometer.
- (t) Approved sharps container per Chapter 64E-16, F.A.C.
- (u) Flexible suction catheters.
- (v) Electronic waveform capnography capable of real-time monitoring and printing record of the intubated patient (effective 01/01/2008).



**Name of Service:** AdventHealth Wesley Chapel EMS **Date:** 01/08/2018 **Page:** 1 **of** 2

NAME	POSITION	LICENSE	EXPIRATION DATE
William Baxley	RN	RN9528632	04/30/2025
Jill Butler	RN	RN9239424	04/30/2025
Jamie Juliano	RN	RN272446	04/30/2025
Steve Szabo	RN	RN9259265	04/30/2025
Gary Celcer	RN	RN3411052	04/30/2025
Stephen Quinones	RN	RN9486474	04/30/2025
Kim Battease	Paramedic	PMD538368	12/1/2024
Kristopher Neal	Paramedic	PMD540907	12/1/2024
Gregory Hackett	Paramedic	PMD13528	12/1/2024
John Barr	Paramedic	PMD525005	12/1/2024
Stacy Freshman	Paramedic	PMD536676	12/1/2024
Jamie Burke	Paramedic	PMD526944	12/1/2024
Daniel Heffren	Paramedic	PMD534077	12/1/2024
Christopher Springer	Paramedic	PMD532057	12/1/2024
Vicotor Virgilio	Paramedic	PMD524212	12/1/2024
Justin Willits	Paramedic	PMD532035	12/1/2024
Patrick Bowles	Paramedic	PMD534723	12/1/2024

Michael Russell	EMT	EMT543085	12/1/2024
John Wholley	EMT	EMT568796	12/1/2024
John Nazitto	EMT	EMT508850	12/1/2024
Michael Patterson	EMT	EMT549259	12/1/2024
Peter Pappas	EMT	EMT525942	12/1/2024
Ashley Minnervini	EMT	EMT564152	12/1/2024
Keith Kunsak	EMT	EMT564713	12/1/2024
Ashley Mingo	EMT	EMT561721	12/1/2024
Brooke Green	EMT	EMT559450	12/1/2024
Ronnie Martinez	EMT	EMT546248	12/1/2024
Alan McGee	EMT	EMT570434	12/1/2024
Victor Pedone	EMT	EMT531018	12/1/2024
Philip Scheidler	EMT	EMT521605	12/1/2024



Classification	Fee
BLS NON EMERGENCY A0428	\$758.61
BLS EMERGENCY A0429	\$903.90
ALS NON EMERGENCY A0426	\$861.03
ALS EMERGENCY A0427	\$924.15
ALS2 A0433	\$1,192.10
SCT A0434	\$1,431.48
GROUND MILEAGE A0425	\$16.67

ADVENTHEALTH ACCOUNTS PAYABLE  
902 INSPIRATION AVE  
STE 9100  
ALTAMONTE SPRINGS, FL 32714  
844/259-3977



POLK COUNTY FIRE RESCUE  
PO BOX 1458  
BARTOW FL 33831-0000

Invoice Number	Invoice Date	Vendor ID	Gross Amount	Discount Taken	Paid Amount
COPCN-05/09/2023	5/9/23	0000039201	300.00	0.00	300.00
COPCN Application - ATTN: CARI CROUCH -50600 5060 URG RTF					

Check Number	Date	Total Gross Amount	Total Discounts	Total Paid Amount
1002141081	5/10/23	\$300.00	\$0.00	\$300.00

THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

AdventHealth  
902 INSPIRATION AVE STE 9100  
ALTAMONTE SPRINGS, FL 32714-1519

64-1278/611

Number  
Date  
1002141081  
5/10/23

Pay

\*\*\*\*THREE HUNDRED AND XX/100 DOLLAR \*\*\*\*

\$300.00\*\*\*

Void after 180 days

To The Order Of

POLK COUNTY FIRE RESCUE  
PO BOX 1458  
BARTOW FL 33831-0000

Bank of America  
900 Hope Way  
Altamonte Springs FL 32714

Authorized Signature

1002141081 0061112788 3359886267



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

**AFFIDAVIT OF PUBLICATION**

**Polk News Sun**

Published Weekly

Winter Haven, Polk County, Florida

Case No. AdventHealth Wesley Chapel

STATE OF FLORIDA  
COUNTY OF POLK

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

June 14, 2023

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



Anita Swain

Sworn to and subscribed before me this 14th day of June 2023 by Anita Swain, who is personally known to me.



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

00023520 00127804 863-519-

Polk County Fire Rescue  
1295 Brice Blvd  
Bartow, FL 33830



**NOTICE**

**YOU ARE HEREBY NOTICED** pur-suant to Polk County Ordinance 12-029, that **AdventHealth Wesley Chapel**, a licensed for-profit pre-hospital ambulance provider by the State of Florida, Department of Health has submitted an application for the renewal of their Type G & Type H Certificate of Public Convenience and Necessity (COPCN) to continue 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 encom- passes ambulance transport of med-ically necessary patients to and from medical facilities. This does not in-clude any 911prehospital re-sponses. In accordance with Polk County Ordinance 12-029 further in-formation on the application is avail- able at the Polk County Fire Rescue Administrative Offices; 1295 Brice Blvd. Bartow, Florida 33830. Any in- terested person who may be sub- stantially 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 Res-cue; 1295 Brice Blvd., Bartow, Flor-ida 33830; Attn: Deputy Chief of Med ica l Services.

**June 14, 2023 127804**