



INDIAN RIVER COUNTY DEPARTMENT OF EMERGENCY SERVICES

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY (COPCN)

APPLICANT NAME: Stellar Transport DATE: 6/24/18

APPLICATION FEE: \$100.00 APPLIES TO INITIAL APPLICATIONS ONLY.

If payment applicable, make check payable to INDIAN RIVER COUNTY FIRE RESCUE.

- This is a new application; fee is attached.
- This is a renewal of our present COPCN.
- This is a renewal of our present COPCN with ownership or classification changes.

I. CLASSIFICATION OF CERTIFICATE REQUESTED

Please check applicable boxes and options.

Class A BLS ALS

Governmental entities that use advanced life support vehicles to conduct a pre-hospital EMS ALS/BLS service.

Class B BLS ALS

Agencies that provide non-emergency ambulance inter-facility medical transport at the ALS/BLS level.

Class C BLS ALS

Agencies that provide non-emergency ambulance inter-facility medical transports which require special clinical capabilities and require a physician's order.

Class D BLS ALS

Agencies that provide non-emergency ambulance medical transports limited to out of county transfers.

Class E Wheelchair Wheelchair/Stretcher Ambulatory Transport

Agencies that provide wheelchair transportation service only where said services are paid for in part or in whole either directly or indirectly with government funds.

Class E1 Wheelchair Wheelchair/Stretcher Ambulatory Transport

Agencies that provide wheelchair vehicle service where said services are not paid for in part or in whole either directly or indirectly with government funds.

RECEIVED
DEPARTMENT OF
EMERGENCY SERVICES
2018 JUL 30 AM 11:32

II. COMPANY DETAILS

1. NAME OF AGENCY: Stellar Transport
 MAILING ADDRESS: 221 W. Hibiscus Blvd # 238
 CITY Melbourne FL COUNTY Brevard
 ZIP CODE: 32901 BUSINESS PHONE: 321-222-6222

2. TYPE OF OWNERSHIP (i.e. Private, Government, Volunteer, Partnership, etc.):

Private

3. MANAGER'S NAME: Luis Boveritas
 ADDRESS: 301 E. Hibiscus Blvd ; Melbourne FL
 PHONE #: 321-773-9993 32901

4. PROVIDE NAME OF OWNER(S) OR LIST ALL OFFICERS, PARTNERS, DIRECTORS, AND SHAREHOLDERS, IF A CORPORATION (attach a separate sheet if necessary):

NAME	ADDRESS	POSITION
<u>Luis Boveritas</u>	<u>745 Avenida Del Sol Plaza, Indialata</u>	<u>Vice Pres</u>
<u>John Oniel</u>	<u>321 10th Terrace, Indialata</u>	<u>President</u>

5. PROVIDE NAMES AND ADDRESSES OF AT LEAST THREE (3) LOCAL REFERENCES

NAME	ADDRESS	PHONE #
<u>Atlantic Healthcare</u>	<u>37th Vero</u>	<u>727-567-2552</u>
<u>CHC Vero</u>	<u>1600 37th St Vero</u>	<u>772-569-5107</u>
<u>Treasure Coast Rehab</u>	<u>1600 37th Vero</u>	<u>727 772-2100</u>

6. FUNDING SOURCE: Rehabs,

7. RATE SCHEDULE ATTACHED? YES NO N/A

8. LIST THE ADDRESS(es) OF YOUR BASE AND ALL SUB-STATIONS:

301 E. Hibiscus Blvd, Melbourne

III. COMMUNICATIONS INFORMATION:

TYPES OF RADIOS/EQUIPMENT:

cellular

1. RADIO FREQUENCY (ies)

2. RADIO CALL NUMBER(s)

3. LIST ALL HOSPITALS AND OTHER EMERGENCY AGENCIES WITH WHICH YOU HAVE DIRECT RADIO COMMUNICATIONS:

FROM AMBULANCE

FROM BASE STATION

IV. ADDITIONAL INFORMATION REQUIRED TO BE SUBMITTED WITH THIS APPLICATION:

RENEWAL APPLICANTS FOR CLASSES A-D NEED ONLY #'s 4 - 9

RENEWAL APPLICANTS FOR CLASSES E AND E-1 NEED ONLY #'s 6 – 9

1. Factual Statement indicating the public need and services, including studies supporting the demonstrated demand and feasibility for the proposed service(s) and deficiencies in existing services, and any other pertinent data you wish to be considered.
2. Factual statement of the proposed services to be provided, including type of service, hours and days of operation, market to be served, geographic areas to be serviced, and any other pertinent data you wish to be considered.
3. Factual Statement indicating the ability of the applicant to manage and provide the proposed services, including the management plan, maintenance facilities, insurance program, accounting system, system for handling complaints, system for handling accidents and injuries, system for providing the county monthly operating reports and any other pertinent data you wish to be considered.
4-5
4. Copy of Standard Operating Procedures.
5. Copy of Medical Protocols.
- ✓ 6. Copy of your insurance policy – must show coverage limits –
7. Vehicle Information. For each vehicle provide the following:
 - ✓ a. Make, Model, Year, Manufacturer
 - b. Mileage
 - ✓ c. VIN #
 - ✓ d. Tag Number
 - ✓ e. Passenger capacity (E/E1 classification)
 - f. Indicate ALS/BLS (A-D classification) *N/A*
8. Personnel Roster. For each employee provide the following:
 - ✓ a. Name – Last, First and Middle Initial
 - ✓ b. Driver's License # (if commercial, specify class) & Expiration Date
ADDITIONAL INFO REQUIRED FOR A-D classifications
 - c. Emergency Medical Service Certification and # (EMT or Paramedic)
 - d. Expiration date of Certification
 - e. Whether or not has an Emergency Vehicle Operation Certificate.
- ✓ 9. Fee Schedule Incl: Service Type, Base Rate, Mileage, Waiting & Special Charges

V. NOTARIZED STATEMENTS Fill in Statements as applicable.

E or E1 APPLICANTS

I, Luis Govantes, the representative of
Applicant Name

Stellar Transport Inc, do hereby attest that the
Business Name of Service

above named service meets all the requirements of, and that I agree to comply with, all applicable provisions of Chapter 304, Life Support and Wheelchair Services.

A-D APPLICANTS

I, _____, the representative of
Applicant Name

_____, do hereby attest that
Business Name of Service

the above named service will provide continuous service on a 24-hour, 7-day week basis. I do hereby attest that the above named service meets all the requirements for operation of an ambulance service in the State of Florida as provided in Chapter 401, Part III, Florida Statutes, Chapter 64E-2, Florida Administrative Code, and that I agree to comply with all the provisions of Chapter 304, Life Support Services.

ALL APPLICANTS

I further acknowledge that discrepancies discovered during the effective period of the Certificate of Public Convenience and Necessity will subject this service and its authorized representatives to corrective action and penalty provided in the referenced authority and that to the best of my knowledge, all statements on this application are true and correct.

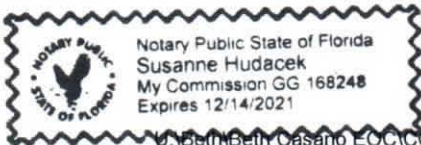
Luis 7/25/18

APPLICANT SIGNATURE DATE

Before me personally appeared the said Luis Govantes who says that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose thereof. Sworn and subscribed in my presence this 25th day of July, 2018.

Susanne Hudacek My commission expires: 12/14/2021
NOTARY PUBLIC

State of Florida
County of Brevard





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/21/2018

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 RRL Insurance Agency 4450 W. Eau Gallie Blvd., Suite 115 Melbourne FL 32934	CONTACT NAME: Tara Carney PHONE (A/C, No., Ext): 800-407-4077 E-MAIL ADDRESS: tcarney@rrl-ins.com	FAX (A/C, No): 321-752-7980
	INSURER(S) AFFORDING COVERAGE	
INSURED Stellar Transport, Inc. 301 E Hibiscus Blvd Melbourne FL 32901	INSURER A: American Automobile Insurance Co. INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	NAIC # 21849

COVERAGES **CERTIFICATE NUMBER:** 688607023 **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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		MXC80509412	2/23/2018	2/23/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		MXC80509412	2/23/2018	2/23/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	Professional Liability					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Certificate holder is named as additional insured with respect to the operations of the named insured only.

CERTIFICATE HOLDER A2C 16331 BAY VISTA DRIVE CLEARWATER FL 33760	CANCELLATION 30 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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Vehicle Information-Stellar Transport, Inc.

2012/Ford VN	VIN: 1FBNE3BL4CSA08989	Tag #12112013
2014/Ford VN	VIN: 1FTNS1EW9EDA82751	Tag #02288299
2011/Ford VN	VIN: 1FTNS2EWXBDB35958	Tag #02288264
2012/Dodge VN	VIN: 2C4RDGD5CR108779	Tag #00773909
2012/Dodge VN	VIN: 2C4RDGCG5CR153982	Tag #00773908
2015/Dodge VN	VIN: 2C4RDGBG3FR649241	Tag #00211362
2016/RAM PK	VIN: 3C6TRVPG8GE108457	Tag #00773906
2016/Ford VN	VIN: 1FTYE2CM0GKB15761	Tag #00211358
2016/Dodge SW	VIN: 2C4RDGBG2GR236616	Tag #00121735
2016/Dodge VN	VIN: 2C4RDGBG4GR256012	Tag #12112124
2016/Dodge SW	VIN: 2C4RDGBG4GR236617	Tag #00213063
2016/Dodge VN	VIN: 2C4RDGBG4GR324602	Tag #00213078
2016/Ram VM	VIN: 3C6TRVPG5GE103815	Tag #00213091
2015/Dodge VN	VIN: 2C4RDGBG2FR702138	Tag #00213105
2015/Chry	VIN: 1C3CCCAB3FN666064	Tag #00889201
2017/Dodge VN	VIN: 2C4RDGBG7HR567368	Tag #00889181
2017/Ram VN	VIN: 3C6TRVPG8HE522677	Tag #00211356
2017/Dodge VN	VIN: 2C4RDGBG3HR687071	Tag #00211359
2017/Dodge VN	VIN: 2C4RDGBG6HR746825	Tag #00211352
2014/Lark TL	VIN: 5RTBE1215ED041860	Tag #00773907

Current Company: Staller
Current User:
jim@staller.com
Server:
RD0047FA18899
10.0.3.248
Version: 4.4.0

Daily
Schedule



Trip
Validation



Subscription
Trips



New
Reservation



Vehicle: Van 18
Driver: Michael
Maurin
Sony Guys, Rockledge

Global Search...

First < 1 2 3 4 > Last

Vehicle	OR Meter	Due In Days	▲ Due In Miles	Suggested Services	Open Requests	Maintenance Plan
Van 18	55888 3		2058	+ 0 Create	+	Mini Vans
9 Rear	98860 3		2716	+ 0 Create	+	Mini Vans
6 Rear	88444 3		2993	+ 0 Create	+	Mini Vans
4 Side	183548 4		3097	+ 0 Create	+	Mini Vans
Van 17	34309 3		3298	+ 0 Create	+	Large Vans
15 Amp	62161 4		3552	+ 0 Create	+	Sedan
Van 2	149650 4		3618	+ 0 Create	+	Large Vans
7 Rear	94798 3		3875	+ 0 Create	+	Mini Vans
Van 3	177558 3		4007	+ 0 Create	+	Large Vans
11 Rear	96000 3		4169	+ 0 Create	+	Mini Vans

passenger capacity (1)

Current Company: Stellar
Current User: jm4transport@gmail.com
Server: RD0004FFA18889
10.0.3.248
Version: 4.4.0

Vehicle List

Vehicle	Odometer	Due In Days	▲Due In Miles	Suggested Services	Open Requests	Maintenance Plan
Van 21	19902	3	-1711	+ 0 Create	+ 2 Validate	Large Vans
10 Rear	64009	3	-1384	+ 0 Create	+ 1 Validate	Mini Vans
Van 19	93254	4	-884	+ 0 Create	+ 1 validate	Large Vans
Van 22	10245	3	-275	+ 0 Create	+ 1 Validate	Large Vans
12 Rear	79634	3	30	+ 0 Create	+ 1 Validate	Mini Vans
5 Side	188191	4	157	+ 0 Create	+ 0 Create	Mini Vans
14 Rear	137581	3	206	+ 0 Create	+ 0 Create	Mini Vans
Van 1	147642	3	790	+ 0 Create	+ 0 Create	Large Vans
Van 16	89960	3	831	+ 0 Create	+ 0 Create	Mini Vans
Van 13	91345	3	1805	+ 0 Create	+ 0 Create	Large Vans

VAN 22 10245 3
 VAN 23 10724 3
 VAN 24 263.000 18
 VAN 25 410 4

passenger capacity (2)

ID: 169 / SSN: xxx-xx-6766 (cont.)
Gorski, Artur L ID: 135 / SSN: xxx-xx-1937 Birth 11/13/83 Hire 08/25/17 Single, 0 /FL: No State Tax (SUI:FL)
Govantes, Luis G ID: 2 / SSN: xxx-xx-5041 Birth 08/13/77 Hire 09/12/14 Single, 0, +\$1,100.00 /FL: No State Tax (SUI:FL)
Grady, James A ID: 116 / SSN: xxx-xx-4371 Birth 09/18/47 Hire 06/05/17 Single, 0 /FL: No State Tax (SUI:FL)
Howard, Vincent A ID: 124 / SSN: xxx-xx-6730 Birth 09/03/63 Hire 07/26/17 Single, 2 /FL: No State Tax (SUI:FL)
Hudacek, Christopher M ID: 178 / SSN: xxx-xx-9571 Birth 10/30/90 Hire 03/26/18 Single, 0 /FL: No State Tax (SUI:FL)
Judson, Carl ID: 77 / SSN: xxx-xx-8068 Birth 03/17/75 Hire 09/06/16 Married, 2 /FL: No State Tax (SUI:FL)
Kisch, Shannon L ID: 182 / SSN: xxx-xx-2127 Birth 06/22/70 Hire 04/17/18 Single, 0, +\$10.00 /FL: No State Tax (SUI:FL)
Klingerman, Raymond W ID: 144 / SSN: xxx-xx-4800 Birth 09/06/57 Hire 09/29/17 Married, 4 /FL: No State Tax (SUI:FL)
Little, Tyshaun L ID: 183 / SSN: xxx-xx-9436 Birth 08/15/81 Hire 04/19/18 Single, 0 /FL: No State Tax (SUI:FL)
Lynch, James W ID: 203 / SSN: xxx-xx-3102 Birth 07/22/50 Hire 07/05/18 Married, 0 /FL: No State Tax (SUI:FL)

Alphonse, Willer R ID: 92 / SSN: xxx-xx-4474 Birth 10/26/98 Hire 11/10/16 Single, 0 /FL: No State Tax (SUI:FL)
Athey, Austin R ID: 160 / SSN: xxx-xx-7181 Birth 06/04/95 Hire 12/29/17 Single, 1 /FL: No State Tax (SUI:FL)
Barrett, Kimberly A ID: 176 / SSN: xxx-xx-4274 Birth 12/08/70 Hire 03/20/18 Single, 1 /FL: No State Tax (SUI:FL)
Bascoe, D Jon N ID: 174 / SSN: xxx-xx-3923 Birth 02/19/98 Hire 03/07/18 Single, 0 /FL: No State Tax (SUI:FL)
Biggs, Tyrone E ID: 191 / SSN: xxx-xx-4922 Birth 09/14/70 Hire 05/16/18 Married, 0 /FL: No State Tax (SUI:FL)
Blackmon, Johnny ID: 162 / SSN: xxx-xx-4961 Birth 09/17/67 Hire 01/03/18 Single, 0 /FL: No State Tax (SUI:FL)
Breeden, Aaron ID: 195 / SSN: xxx-xx-6802 Birth 09/27/91 Hire 06/04/18 Married, 0 /FL: No State Tax (SUI:FL)
BROWN, ROBERT ID: 202 / SSN: xxx-xx-9889 Birth 09/25/46 Hire 06/25/18 Exempt from W/H /FL: No State Tax (SUI:FL)
Burbank, Lynwood M ID: 148 / SSN: xxx-xx-1820 Birth 02/01/70 Hire 10/31/17 Single, 0 /FL: No State Tax (SUI:FL)
Clark, Kwamane D ID: 78 / SSN: xxx-xx-1206 Birth 11/28/93 Hire 09/06/16 Single, 5 /FL: No State Tax (SUI:FL)
Coppola, Errol J ID: 190 / SSN: xxx-xx-6241 Birth 04/11/67 Hire 05/15/18

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Lyons, Joshua C ID: 61 / SSN: xxx-xx-3679 Birth 05/02/95 Hire 06/27/16 Single, 0 /FL: No State Tax (SUI:FL)
Martinez, Edward J ID: 199 / SSN: xxx-xx-1621 Birth 02/06/60 Hire 06/12/18 Married, 1 /FL: No State Tax (SUI:FL)
Martinez Rivera, Victor E ID: 130 / SSN: xxx-xx-2147 Birth 01/14/92 Hire 08/15/17 Married but withhold at the Single Rate, 0 /FL: No State Tax (SUI:FL)
May, Randal F ID: 105 / SSN: xxx-xx-9655 Birth 01/02/74 Hire 02/15/17 Single, 0 /FL: No State Tax (SUI:FL)
Meurin, Michael G ID: 114 / SSN: xxx-xx-0923 Birth 05/04/59 Hire 05/08/17 Single, 1 /FL: No State Tax (SUI:FL)
Miller, Bradley M ID: 184 / SSN: xxx-xx-8846 Birth 11/08/91 Hire 04/23/18 Single, 1 /FL: No State Tax (SUI:FL)
Montgomery, Kelsey M ID: 185 / SSN: xxx-xx-8709 Birth 03/26/97 Hire 04/23/18 Single, 1 /FL: No State Tax (SUI:FL)
NEIRN, PHEONIE ID: 204 / SSN: xxx-xx-3410 Birth 03/14/70 Hire 07/05/18 Single, 1 /FL: No State Tax (SUI:FL)
O'Neill, John J ID: 1 / SSN: xxx-xx-1748 Birth 08/08/77 Hire 09/01/14 Married but withhold at the Single Rate, 0, +\$1,400.00 /FL: No State Tax (SUI:FL)
Ogden, Bruce D ID: 192 / SSN: xxx-xx-2639 Birth 11/10/75 Hire 05/16/18 Single, 0 /FL: No State Tax (SUI:FL)
Patterson, Kester L ID: 198 / SSN: xxx-xx-7183

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Patterson, Kester L ID: 198 / SSN: xxx-xx-7183 Birth 09/13/83 Hire 06/11/18 Exempt from W/H /FL: No State Tax (SUI:FL) (cont.)
Petrick, Joseph ID: 193 / SSN: xxx-xx-6003 Birth 12/03/97 Hire 06/04/18 Single, 0 /FL: No State Tax (SUI:FL)
Phillips, Adrienne R ID: 171 / SSN: xxx-xx-4902 Birth 11/13/86 Hire 02/21/18 Single, 1 /FL: No State Tax (SUI:FL)
Piplar, Leonard R ID: 111 / SSN: xxx-xx-4654 Birth 07/19/46 Hire 04/05/17 Married, 0 /FL: No State Tax (SUI:FL)
Prosch, Joseph C ID: 50 / SSN: xxx-xx-5607 Birth 09/06/52 Hire 02/29/16 Exempt from W/H /FL: No State Tax (SUI:FL)
Randall, Lasalle ID: 96 / SSN: xxx-xx-2824 Birth 01/06/91 Hire 11/28/16 Single, 0 /FL: No State Tax (SUI:FL)
Reeves, Stanford C ID: 168 / SSN: xxx-xx-0067 Birth 05/20/67 Hire 02/12/18 Married, 1 /FL: No State Tax (SUI:FL)
Ringgold, Keith M ID: 147 / SSN: xxx-xx-5727 Birth 01/31/91 Hire 10/30/17 Single, 0 /FL: No State Tax (SUI:FL)
Ringgold, Tyson J ID: 99 / SSN: xxx-xx-2128 Birth 07/18/95 Hire 01/11/17 Single, 0 /FL: No State Tax (SUI:FL)
Ris, James A ID: 37 / SSN: xxx-xx-0196 Birth 12/20/68 Hire 06/15/15 Married, 2 /FL: No State Tax (SUI:FL)
Roberts, Darin ID: 158 / SSN: xxx-xx-3638 Birth 04/24/66 Hire 12/20/17 Married, 1, +\$10.00 /FL: No State Tax

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<p>(cont.)</p> <p>ID: 190 / SSN: xxx-xx-6241 Married, 1 /FL: No State Tax (SUI:FL)</p>
<p>Cote, Michael L ID: 95 / SSN: xxx-xx-1772 Birth 12/10/82 Hire 11/28/16 Married, 2 /FL: No State Tax (SUI:FL)</p>
<p>Dean, Sherrod K ID: 201 / SSN: xxx-xx-4926 Birth 02/02/94 Hire 07/02/18 Exempt from W/H /FL: No State Tax (SUI:FL)</p>
<p>DeAngelis, Robin R ID: 126 / SSN: xxx-xx-0267 Birth 03/27/66 Hire 08/09/17 Married, 0 /FL: No State Tax (SUI:FL)</p>
<p>Elam, Terry ID: 137 / SSN: xxx-xx-3579 Birth 04/15/57 Hire 09/15/17 Married, 0 /FL: No State Tax (SUI:FL)</p>
<p>Elkins, Nicolas J ID: 140 / SSN: xxx-xx-9396 Birth 05/01/97 Hire 09/22/17 Single, 0 /FL: No State Tax (SUI:FL)</p>
<p>Escobar, Anthony J ID: 79 / SSN: xxx-xx-9003 Birth 05/02/70 Hire 09/12/16 Married, 0 /FL: No State Tax (SUI:FL)</p>
<p>Francis, Yusef T ID: 194 / SSN: xxx-xx-4131 Birth 05/06/99 Hire 06/04/18 Single, 0 /FL: No State Tax (SUI:FL)</p>
<p>Freeman, Caleb E ID: 151 / SSN: xxx-xx-5700 Birth 03/20/92 Hire 11/13/17 Married, 1 /FL: No State Tax (SUI:FL)</p>
<p>Garza, Alfredo ID: 196 / SSN: xxx-xx-8706 Birth 07/12/50 Hire 06/05/18 Married, 0 /FL: No State Tax (SUI:FL)</p>
<p>Goff, Robert L ID: 169 / SSN: xxx-xx-6766 Birth 10/14/60 Hire 02/19/18 Married, 1 /FL: No State Tax (SUI:FL)</p>

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<p>Roberts, Darin ID: 158 / SSN: xxx-xx-3638 (SUI:FL)</p>	<p>(cont.)</p>
<p>Romallo, Carlos ID: 205 / SSN: xxx-xx-9730 Birth 11/02/90 Hire 07/05/18 Exempt from W/H /FL: No State Tax (SUI:FL)</p>	
<p>Salter, John E ID: 143 / SSN: xxx-xx-3355 Birth 01/30/70 Hire 09/27/17 Married, 0 /FL: No State Tax (SUI:FL)</p>	
<p>Samuels, Jeffrey A ID: 164 / SSN: xxx-xx-3046 Birth 06/13/84 Hire 01/08/18 Single, 0 /FL: No State Tax (SUI:FL)</p>	
<p>Sears, Samuel ID: 172 / SSN: xxx-xx-0483 Birth 09/25/80 Hire 02/21/18 Single, 0 /FL: No State Tax (SUI:FL)</p>	
<p>Smith, Chadwick C ID: 73 / SSN: xxx-xx-8460 Birth 05/01/88 Hire 08/25/16 Single, 0 /FL: No State Tax (SUI:FL)</p>	
<p>Speice, Jeffrey ID: 206 / SSN: xxx-xx-1942 Birth 03/30/72 Hire 07/09/18 Married, 1 /FL: No State Tax (SUI:FL)</p>	
<p>St Hill, Korey L ID: 112 / SSN: xxx-xx-2397 Birth 06/04/83 Hire 04/05/17 Married, 1 /FL: No State Tax (SUI:FL)</p>	
<p>Stewart, Lisa E ID: 163 / SSN: xxx-xx-0154 Birth 07/10/74 Hire 01/03/18 Single, 0 /FL: No State Tax (SUI:FL)</p>	
<p>Stilwell, Daniel D ID: 40 / SSN: xxx-xx-6450 Birth 08/18/67 Hire 09/29/15 Married, 0, +\$20.00 /FL: No State Tax (SUI:FL)</p>	
<p>Thurman, Redall N ID: 197 / SSN: xxx-xx-9431 Birth 07/26/92 Hire 06/11/18 Single, 1 /FL: No State Tax (SUI:FL)</p>	

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<p>Tomsett, Martin E ID: 189 / SSN: xxx-xx-2893 Birth 01/10/55 Hire 05/15/18 Married, 0 /FL: No State Tax (SUI:FL)</p>
<p>Walter, Austin C ID: 153 / SSN: xxx-xx-0456 Birth 02/16/95 Hire 12/04/17 Single, 1 /FL: No State Tax (SUI:FL)</p>
<p>Wassman, Darrin P ID: 66 / SSN: xxx-xx-4109 Birth 02/02/74 Hire 07/12/16 Single, 1 /FL: No State Tax (SUI:FL)</p>
<p>Webley, Tyrell P ID: 179 / SSN: xxx-xx-2220 Birth 03/03/92 Hire 04/11/18 Single, 0 /FL: No State Tax (SUI:FL)</p>
<p>Werner, Brandi N ID: 82 / SSN: xxx-xx-3806 Birth 12/08/90 Hire 09/26/16 Single, 1 /FL: No State Tax (SUI:FL)</p>
<p>Wigley, Destinee G ID: 187 / SSN: xxx-xx-3280 Birth 01/24/97 Hire 04/25/18 Single, 0 /FL: No State Tax (SUI:FL)</p>
<p>Wilson, Rachel ID: 200 / SSN: xxx-xx-2500 Birth 03/31/90 Hire 06/27/18 Single, 1 /FL: No State Tax (SUI:FL)</p>
<p>Wood, Kenneth C ID: 149 / SSN: xxx-xx-4383 Birth 06/16/91 Hire 11/06/17 Single, 0 /FL: No State Tax (SUI:FL)</p>
<p>COMPANY TOTALS <u>Next Payroll Appointment</u> Day: 07/30/18</p>
<p>Specialist: Stacy at ext. 5258639</p>

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Stellar Price list 2016

Rates during normal business hours are:

In County one way trips: (On Campus Mileage Included)

Wheelchair	\$50 (up to 299lbs)
Oversized wheelchair (possible 2 man crew)	\$65 (over 299lbs)
Stretcher (two man crew)	\$95 (up to 299lbs)
Stretcher Bariatric (3 man crew)	\$199 (over 299lbs size depending)

In County round Trips:

Wheelchair	\$85
Oversized wheelchair	\$95
Stretcher (two man crew)	\$150

Out of County one way trip:

Wheelchair	(Call for pricing)
Stretcher	(Call for pricing)

Out of County round trip:

Wheelchair	(Call for pricing)
Stretcher Transport	(Call for pricing)

Dialysis 3 Trips per week:

Wheelchair	\$199 Per Week
Stretcher	\$299 Per Week

Cancellation Policy:

No cancellation fee will be charged unless cancelled within one hour of scheduled service. The charge for cancelling within one hour will be half of scheduled service price.

Additional Fee:

Oxygen pickup	\$15
Additional Miles	\$3.30 per mile
Wait Time	\$12.5 per 15min

Additional charge of \$25.00 per transport before and after normal hours of operation, weekends and holidays. (Observed Holidays: New Years Day, Memorial Day, Independence Day, Labor Day, Thanksgiving, Christmas Eve, Christmas)

Prices are subject to change according to current gas pricing and you will be notified of any price change ahead of time. Upon receiving billing invoice please admit payment within 30 days. Thank you for your business. Our commitment to you and all patients is to always provide Stellar service!

Hours of Operation

Monday-Friday 8AM-6PM Saturday & Sunday 10PM-6PM 365 Days a Year!
24 Hour service available with prior appointment.