INDIAN RIVER COUNTY
DEPARTMENT OF EMERGENCY SERVICES

APPLICATION FOR
CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY (COPCN)

APPLICANT NAME: Positive Mobility, LLC d/b/a Elite Medical Response DATE: 08/20/2025

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.

II. COMPANY DETAILS

1. NAME OF AGENCY: Positive Mobility, LLC

   MAILING ADDRESS: 201 Commercial Ct.

   CITY Sebring COUNTY Highlands

   ZIP CODE: 33876 BUSINESS PHONE: 1-877-605-3204

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

   Private

3. MANAGER'S NAME: Angel Liggins

   ADDRESS: 201 Commercial Ct. Sebring, FL 33876

   PHONE #: 1-877-605-3204

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
Joel Kestenbaum	201 Commercial Ct. Sebring, FL 33876	MGR/OWNER
William Hall	201 Commercial Ct. Sebring, FL 33876	CEO

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

NAME	ADDRESS	PHONE #
Jackie O'Connor	*5835 Venetto way Vero 32967*	*4073538876*
Rebecca Chesley	*125 Sandpointe Ct Vero Beach, FL 32963*	*772.913.0761*
John Lauria	*1904 Newmark Cir. SW Vero Beach, FL 32968*	*561-346-2582*

6. FUNDING SOURCE: Private Insurance, Medicare and medicaid and private investors

7. RATE SCHEDULE ATTACHED? YES ☑ NO ☐ N/A ☐

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

700 8th Court Vero Beach, FL 32962

201 Commercial Ct. Sebring, FL 33876

340 Pike Rd. West Palm Beach, FL 33411

4030 Kidron Rd. Lakeland, FL 33811

III. COMMUNICATIONS INFORMATION:

TYPES OF RADIOS/EQUIPMENT: Kenwood portable radios and cell phones in the ambulances. 400mhz accredited EMD Center with redundant centers with soft phone backup for disaster.

1. RADIO FREQUENCY (ies)	2. RADIO CALL NUMBER(s)
463.0875 118.8 PL EMS-to-Cleveland Clinic)	
463.1625 118.8 PL EMS-to-Orlando Health Sebastian River Hospital	

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

FROM AMBULANCE	FROM BASE STATION
We are currently adding the Indian River Hospitals	N/A
We have capablilities to talk with all PBC Hospitals by ordinance	
Raulerson Hospital in Okeechobee	

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

RENEWAL APPLICANTS NEED ONLY **#'s 4 - 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. 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)

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

I, Positive Mobility, LLC, the representative of
Applicant Name

Alfred Angelo, 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.

APPLICANT SIGNATURE — DATE: 9/2/2025

Before me personally appeared the said Alfred Angelo 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 2nd day of Sept, 2025.

NOTARY PUBLIC

My commission expires: 5/13/2028

DEION POWELL
Notary Public - State of Florida
Commission # HH 526615
My Comm. Expires May 13, 2028

ELITE
MEDICAL RESPONSE

ATTACHMENT 4

Standard Operating Procedures - sent as attachement on email

ATTACHMENT 5

Medical Protocols- sent as attachement on email

ATTACHMENT 6

- **Insurance**

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 03/31/2025

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).

PRODUCER	CONTACT NAME: Courtney Stuart
Brown & Brown Insurance Services, Inc. 32313 Broadway Street Suite 200 Sebring FL 33870	PHONE (A/C, No, Ext): (863) 385-5171 FAX (A/C, No): E-MAIL ADDRESS: Courtney.Stuart@bbrown.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: National Interstate Insurance Company	32620
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
Positive Mobility LLC; Elite Medical Response
Visionary Healthcare Solutions LLC; Elite Medical Response LLC
201 Commercial Court
Sebring FL 33876

COVERAGES **CERTIFICATE NUMBER:** 25-26 Master Cert **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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC OTHER:			LJG455001807	04/01/2025	04/01/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Abuse or Molestation	$ 1,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 3,000,000 $ 3,000,000 $ 1,000,000
A	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☒ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ NON-OWNED AUTOS ONLY			ACA455001806	04/01/2025	04/01/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) PIP-Basic	$ 1,000,000 $ $ $ $ 10,000
	☐ UMBRELLA LIAB ☐ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION $						EACH OCCURRENCE AGGREGATE 	$ $ $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N ☐ If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					☐ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ $ $
A	Professional Liability			LPL455001807	04/01/2025	04/01/2026	Aggregate Each Medical Incident	$3,000,000 $1,000,000

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

CERTIFICATE HOLDER

Indian River County Board of County Commissioners
1801 27th St
Vero Beach FL 32960

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

ATTACHMENT 7

Vehicle Information

- **Make, Model, Year and Manufacturer**
- **Mileage**
- **VIN#**
- **Tag Number**
- **Passenger Capacity (E/E1 Federal Standard)**
- **ALS/BLS Classification**

Elite Medical Response

	STATE # EMR	ALS OR BLS	TAG EXP	INS. EXP.	YEAR	MAKE	VIN #	LIC #	MILEAGE	OCCUPANCY
M-2	0025831	ALS	06/30/2026	04/01/2026	2020	FORD	1FDBR1CG7LKB66890	DM94FN	171,663	5
	007352	BLS								
M-4	0025827	ALS	06/30/2026	04/01/2026	2020	FORD	1FDBR1CGXLKN79004	DM95FN	169,375	5
	007316	BLS								
M-5	0025825	ALS	06/30/2026	04/01/2026	2022	FORD	1FDBR1CG1NKA76203	DM32FN	115,059	5
	007314	BLS								
M-6	0025830	ALS	06/30/2026	04/01/2026	2018	FORD	1FDYR2CM4JKA48329	DM09FP	344,668	5
	007320	BLS								
M-7	0025826	ALS	12/31/2025	4/01/2026	2022	FORD	1FDBR1CG7NKA76237	DM31FN	106,504	5
	007315	BLS								
M-8	0025935	ALS	12/31/2025	04/01/2026	2017	FORD	1FDWE3FS5HDC61159	DM93FN	315,521	5
	007317	BLS								
M-28	25821	ALS	06/30/2026	04/01/2026	2023	RAM PROMASTER 2500	3C6LRVDG0PE535877	AM93RX	78,012	5
	7310	BLS								
M-30	25817	ALS	06/30/2026	04/01/2026	2023	RAM PROMASTER 2500	3C6LRVDG4PE579414	09EIUA	111,624	5
	7306	BLS								
M-31	25819	ALS	06/30/2026	04/01/2026	2023	RAM PROMASTER 2500	3C6LRVDG5PE572309	10EIUA	61,090	5
	7308	BLS								
M-32	25933	ALS	06/30/2026	04/01/2026	2023	RAM PROMASTER 2500	3C6LRVDGXPE579417	11EIUA	93,968	5
	7307	BLS								
M-34	25823	ALS	06/30/2026	04/01/2026	2023	RAM PROMASTER 2500	3C6LRVDG9PE583426	RBRX09	75,705	5
	7312	BLS								
M-27	0025828	ALS	06/30/2026	04/01/2026	2018	FORD	1FDYR2CM2JKA48331	DM08FP	315,892	5
	007318	BLS								
M-37	26085	ALS	06/30/2026	04/01/2026	2023	RAM PROMASTER 2500	3C6LRVDGOPE572251	RIKB01	74,817	5
	7421	BLS								
M-38	26086	ALS	06/30/2026	04/01/2026	2023	RAM PROMASTER 2500	3C6LRVDG1PE572310	RLEA84	89,139	5
	7422	BLS								
M-39	26087	ALS	06/30/2026	04/01/2026	2023	RAM PROMASTER 2500	3C6LRVDG0PE572265	RIKB02	67,052	5
	7423	BLS								
M-1	26195	ALS	06/30/2026	04/01/2026	2025	FORD E350	1FDWE3FN3SDD00056	RNUS24	80,809	5
M-40	26341	ALS	06/30/2026	04/01/2026	2023	RAM PROMASTER 2500	3C6LRVDG8PE583398	KP338R	28,769	5
	7503	BLS								
M-41	26340	ALS	06/30/2026	04/01/2026	2023	RAM PROMASTER 2500	3C6LRVDG0PE572301	KP337R	28,012	5
	7502	BLS								
M-42	26342	ALS	06/30/2026	04/01/2026	2023	RAM PROMASTER 2500	3C6LRVDG2PE565415	KR762G	22,534	5
	7504	BLS								
M-43	26345	ALS	06/30/2026	04/01/2026	2023	RAM PROMASTER 2500	3C6LRVDGXPE535773	KR761G	24,782	5
	7505	BLS								
M-44	26347	ALS	06/30/2026	04/01/2026	2023	RAM PROMASTER 2500	3C6LRVDG7PE558881	95FCUD	17,577	5
	7506	BLS								
M-45	26763	ALS	06/30/2026	04/01/2026	2023	RAM PROMASTER 2500	3C6LRVDG2PE545634	94FCUD	13,035	5
	7651	BLS								

Elite Medical Response

	STATE # EMR	ALS OR BLS	TAG EXP	INS. EXP.	YEAR	MAKE	VIN #	LIC #	MILEAGE	OCCUPANCY
M-46	26764	ALS	06/30/2026	04/01/2026	2023	RAM PROMASTER 2500	3C6LRVDG4PE519178	40FCUD	12,716	5
	7652	BLS								
M-47	26765	ALS	06/30/2026	04/01/2026	2023	RAM PROMASTER 2500	3C6LRVDG3PE579405	22FELP	26,677	5
	7653	BLS								
M-48	26766	ALS	06/30/2026	04/01/2026	2024	RAM PROMASTER 2500	3C6LRVDG1RE107528	89FELP	9,482	5
	7654	BLS								
M-29	25820	ALS	06/30/2026	04/01/2026	2023	RAM PROMASTER 2500	3C6LRVDG8PE513920	38DPZX	48,755	5
	7309	BLS								
M-36	26084	ALS	06/30/2026	04/012026	2023	RAM PROMASTER 2500	3C6LRVDG7PE583389	RIKA97	70,917	5
	7420	BLS								
M-33	25824	ALS	06/30/2026	04/01/2026	2023	RAM PROMASTER 2500	3C6LRVDG0PE565428	RKGK07	64,733	5
	7313	BLS								
M-35	25934	ALS	06/30/2026	04/01/2026	2023	RAM PROMASTER 2500	3C6LRVDG3PE572244	RIKA98	80,991	5
	7311	BLS								
M-9	26821	ALS	06/30/2026	04/01/2026	2025	FORD E350	1FDWE3FNXSDD30252	91FELP	26,719	5
M-10	26820	ALS	06/30/2026	04/01/2026	2025	FORD E350	1FDWE3FN0SDD33340	90FELP	34,707	5
M-19	0025829	ALS	12/31/2025	04/01/2026	2017	DODGE	3C7WRSBJ5HG770772	DM33FN	209,202	5
	007319	BLS								

ATTACHMENT 8

Personnel Roster

- **Drivers License # and Experation**
- **Emergency Medical Cert. EMT or Paramedic**
- **Expiration date of Cert.**
- **Emergency Vehicle Operation Cert. or not.**

Elite Employee Roster

Last Name	First Name	DRIVER LICENSE Cert#	DRIVER LICENSE EXP	EVOC Cert#	REGISTERED NURSE CERTIFICATE (FL) 76 Cert#	REGISTERED NURSE CERTIFICATE (FL) 76 EXP	PARAMEDIC CERTIFICATE (FL) 76 Cert#	PARAMEDIC CERTIFICATE (FL) 76 EXP	EMT CERTIFICATE (FL) 76 Cert#	EMT CERTIFICATE (FL) 76 EXP
GAMBLE	THOMAS	G514-298-95-206-0	6/6/27	completed					EMT564883	12/1/26
GARBERS	MATTHEW	G616556941770	5/17/29	5.1.2021			PMD545007	12/1/26		
Garcia	Sebastian	G237706550000	6/28/32	100061896	RN9603415	4/30/26				
GOBEY	DAVID	G100170804260	11/26/25	AMR 16hr			PMD512740	12/1/26		
Green	Richard	G650741693450	9/25/30				PMD15924	12/1/26		
Gualano	Lucas	G450-523-02-186-0	5/26/27						EMT593687	12/1/26
Guerra	Michael	G600553000890	3/9/32						EMT571969	12/1/26
Gutierrez	Gregory	G362280910270	1/27/31				PMD527883	12/1/26		
Hall	William	H225999752000	9/21/33						EMT568611	12/1/26
Harmon	Terry	H655-801-77-2420	7/2/32						EMT590610	12/1/26
Haywood	Gregory	H208-361-86-800-0	4/25/33							
Hewitt	Johnaton	H300-427-96-345-0	9/25/25						EMT591254	12/1/26
HOWARTH	SHAWN	H630-798-96-218-0	6/18/29	16hr AMR					EMT568616	12/1/26
Iversen	Martin	I241209120000	8/13/26						EMT590876	12/1/26
Jarosz	Sabrina	J620-780-97-804-0	8/24/29	AMR 16hr					EMT573051	12/1/26
JESTES-HAGEN	EMILY	J232216017970	8/17/28	16hrs					EMT589380	12/1/26
Johnson	Christopher	J234-089-16-400-0	10/6/30						EMT583194	12/1/26
Keeler	Andrew	K605-570-67-300-0	7/11/30						EMT580282	12/1/26
Killen	Cindy	K450-112-71-901-0	11/1/27						EMT526074	12/1/26
Knipple	Matthew	K514545751670	5/7/26						EMT562735	12/1/26
Kowalski	Lindsey	K420-521-97-661-0	5/1/30	ORIGINAL					EMT569704	12/1/26
Kuba	Colby	K100118040090	1/9/28						EMT590680	12/1/26
Labuff	David	L206-748-67-600-0	6/8/30	BPR#27I2557			PMD201132	12/1/26		
LANZA	ALPHONSE	L520000623440	9/4/28	16hr AMR			PMD12238	12/1/26		
Larmon	Katie	L655513987500	7/10/32						EMT586030	12/1/26
LaTerra	Kalia	L360-517-02-961-0	12/21/26	100061909					EMT592861	12/1/26
Latour	Rashad	L360-739-01-452-0	12/12/25	103620338					EMT594072	12/1/26
Lauderbaugh	Brent	L361-061-06-006-0	1/6/30						EMT593769	12/1/26
Leck	Ryan	L200-730-05-401-0	11/10/29						EMT593388	12/1/26
Lee	Ashley	L225316870000	4/26/33		RN9523303	4/30/27				
LEYENDECKER	CORD	L532-118-90-250-0	7/10/28	AMR 16 hr			PMD521035	12/1/26		
Logan	Jeffrey	L250421870060	1/6/30				PMD537427	12/1/26		
Long	Christine	L520-101-95-682-0	5/22/31						EMT590624	12/1/26
Lozano	Justin	L250-421-02-264-0	7/24/28						EMT593801	12/1/26
Macvean	Orrin	M215-642-06-161-0	5/1/30						EMT593486	12/1/26
MADDOX	ASHLEY	M320001895310	1/31/27	16HR w/M.Lizotte					EMT582283	12/1/26
MAILLY	PAUL	M400697742650	7/25/28	ORIGINAL			PMD517873	12/1/26		

Elite Employee Roster

Last Name	First Name	DRIVER LICENSE Cert#	DRIVER LICENSE EXP	EVOC Cert#	REGISTERED NURSE CERTIFICATE (FL) 76 Cert#	REGISTERED NURSE CERTIFICATE (FL) 76 EXP	PARAMEDIC CERTIFICATE (FL) 76 Cert#	PARAMEDIC CERTIFICATE (FL) 76 EXP	EMT CERTIFICATE (FL) 76 Cert#	EMT CERTIFICATE (FL) 76 EXP
MARTIN	JARRETT	M635421000950	3/15/26						EMT587025	12/1/26
Maxwell	Derek	M240-175-84-468-0	12/28/29				PMD526966	12/1/26		
MCCRAW RUSSELL	HEATHER	M395174350000	6/25/33	ORIGINAL					EMT570321	12/1/26
Miland	Alyssa	M633986011000	1/31/34	83747485					EMT594692	12/1/26
MILLICAN	VICTORIA	M425876978750	10/15/31	16hr Course w/M.Lizotte					EMT579860	12/1/26
Moen	Zachary	M229-134-76-000-0	2/11/31				PMD543657	12/1/26		
Moscoso	Kristian	M220-518-96-363-0	10/3/28						EMT566946	12/1/26
Mullings	Nathalia	M452-621-04-730-0	6/30/29						EMT593853	12/1/26
Munoz	Andrew	M520-007-03-365-0	10/5/28	100072702					EMT593099	12/1/26
Neidigh	McKenna	N320-556-05-640-0	4/20/29						EMT593582	12/1/26
O'DONNELL	AUSTIN	O354007941030	3/23/28						EMT580925	12/1/26
Penas	Jose	P520433790450	2/5/26	20033			PMD528767	12/1/26		
Perez	Daniel	P620168941700	5/28/28						EMT557117	12/1/26
PHILLIPS	TAMARA	P412813997510	7/11/32	Trilogy HSC					EMT588810	12/1/26
Pitsirelos	Victoria	p326875016110	3/31/28						EMT570997	12/1/26
Portugal	Christian	P235-242-11-400-0	11/20/32						EMT582504	12/1/26
Prado	Marco	P630541041320	4/12/29						EMT593827	12/1/26
Previlon	Ezekiel	P614200033000	8/20/27						EMT593479	12/1/26
Puri	Jose	P600433912060	6/6/29				PMD528196	12/1/26		
RAMEY	TIMOTHY	R500806844480	12/8/25	CEVO			PMD530396	12/1/26		
Ramos	Rachel	R219170854000	11/8/30						EMT594194	12/1/26
Read	Jason	R300-424-05-031-0	1/31/29						EMT593473	12/1/26
REYNOLDS	BRIAN	R543072983320	9/12/30						EMT566294	12/1/26
RICHARDS	QUAMEA	R263710940280	1/28/26	CEVO					EMT548216	12/1/26
Rios	Ashley	R200-010-97-843-0	9/23/30						EMT560460	12/1/26
Roldan	Ruben	R223833296000	8/20/33						EMT570262	12/1/26
Ruiz	Michael	R200550822240	6/24/28				PMD 533078	12/1/26		
Salgado	Wilfredo	S423880920820	3/2/30				PMD531179	12/1/26		
Santiago	Danielle	S532170039190	11/19/27						EMT587104	12/1/26
Schaefer	Robert	S160-770-05-191-0	5/31/30						EMT593734	12/1/26
Schwartz	Amber	S632-008-96-914-0	11/14/28	N/A			PMD538126	12/1/26		
Smith	Kaylon	S238-469-27-400-0	2/26/33	142540					EMT593426	12/1/26
Souffront	Michael	S165541934100	11/20/25						EMT546096	12/1/26
Stanton	John	S353474822560	7/16/29				PMD528809	12/1/26		
Stenmark	Sigvard	S237-426-43-000-0	2/18/33						EMT588847	12/1/26
Stennett	Johvoi	S353423031880	5/28/29						EMT590994	12/1/26
Stimpson	Sha'nya	S351796045890	3/9/28						EMT590928	12/1/26
Sundberg	Peter	S233589936000	8/13/30				PMD539279	12/1/26		

Elite Employee Roster

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Abraham	Francis	A165-250-98-106-0	3/26/31						EMT590678	12/1/26
Acebo	Christian	A210-110-96-189-0	5/29/30				PMD532319	12/1/26		
ALFINEZ	DAKOTA	A415176964020	11/2/29	16hrs			PMD533782	12/1/26		
Angulo Pena	David	A524-160-04-346-0	9/26/31	100061894					EMT593609	12/1/26
Barthelemy	Junior	B231-066-52-600-0	10/14/28						EMT578561	12/1/26
Berning	Francesca	B655-257-95-563-0	2/23/27		RN9659764	4/30/26				
Brackett	Elijah	B623210010960	3/16/27						EMT591040	12/1/26
BREDY	FRITZGERALD	B630240761651	5/5/29	AMR					EMT543999	12/1/26
BUCK	DOUGLAS	B200-170-86-297-0	8/17/30	9.2007			PMD516173	12/1/26		
Buck	Stephanie	B200794908740	10/14/26	10.9.2020					EMT574361	12/1/26
Bufford	Hannah	B163327909050	11/5/28						EMT591937	12/1/26
Butts	Hannah	B619-955-36-700-0	4/26/32						EMT577710	12/1/26
Calendo	Janine	C453433698500	9/30/30						EMT577092	12/1/26
Chacon	Jose	C251436950280	1/28/30						EMT574901	12/1/26
Colmenares	Seynette	C455797008260	9/6/30				PMD545738	12/1/26		
Colon	Michael	C450-541-98-299-0	8/19/30				PMD541135	12/1/26		
CUTTS	STEVEN	C320-784-81-464-0	12/24/25	16hrs - AMR			PMD516396	12/1/26		
D'AMOUR	MAX	D560544980820	3/2/33	16HR AMR					EMT566049	12/1/26
DAVIES	CHRISTOPHER	D120112892020	6/2/30	ORIGINAL			PMD540776	12/1/26		
Delai	Elizabeth	D214-996-68-200-0	9/8/26						EMT590992	12/1/26
Delancey	Christopher	D45211294390	10/30/29	6.21.2024					EMT588030	12/1/26
Dessart	Benjamin	D263073020460	2/6/26						EMT580822	12/1/26
Dunn	Michael	D500558050420	2/2/30						EMT591782	12/1/26
Dupree	Jayce	D240-188-85-200-0	12/18/28						EMT593416	12/1/26
DUTIL	CHRISTOPHER	D340112964050	11/5/29						EMT566054	12/1/26
Eaker	Richard	E260-750-63-091-0	3/11/30				PMD547034	12/1/26		
Elveus	Juvensky	E412420012920	8/12/26	127699			PMD546759	12/1/26		
Ervil	Yvenson	E224641508000	10/15/30						EMT593618	12/1/26
Esposito	Evan	E212218050130	1/13/30	100061882					EMT593780	12/1/26
Estorcien	Kedysha	e246-842-51-000-0	4/23/30						EMT589787	12/1/26
FANELLI	EVAN	F540201043320	9/12/28	6.7.2024					EMT588433	12/1/26
Farese	Joseph	F620481964010	11/1/30						EMT586393	12/1/26
Ferret	Randall	F228509596000	10/27/28		RN9647723	4/30/27				
FLETCHER	ELLYJAH	F432210024240	11/24/26	16hr EVOC					EMT585668	12/1/26
Fleurentin	Githson	F465280954150	11/15/28				PMD547687	12/1/26		
FLEUREUS	DIEULINA	F462160898030	8/23/28						EMT564471	12/1/26
Frank	Aaliyah	F239236518000	7/7/26				PMD544741	12/1/26		
FREDERICK	MARION	F636550043430	9/23/28	16HR					EMT588084	12/1/26
GABRIEL	GEOFFREY	G164282714560	12/16/27	AMR 16hr					EMT509326	12/1/26

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SWAFFORD	MICHAEL	S342792850000	8/23/33	AMR 16hrs			PMD13993	12/1/26		
Sweatt	Cody	S300101841212	4/1/27	ORIGINAL					EMT578388	12/1/26
Swindell	Brantley	s534-065-97-052-0	2/12/30						EMT554335	12/1/26
Theriault	Hannah	T643332017690	7/29/32						EMT588980	12/1/26
TOMPKINS	MATTHEW	T512545741000	3/20/31	AMR 16 hrs					EMT545452	12/1/26
TORRES	AMANDA	T620003919080	11/8/27	ORIGINAL					EMT576840	12/1/26
UGALDE	RAFAEL	U243721941870	5/27/28	AMR 16hrs			PMD542641	12/1/26		
Underwood	Merlin	U45284249000	1/27/33				PMD516284	12/1/26		
WEAVER	KRYSTAL	W160513876840	5/24/30	ORIGINAL					EMT574135	12/1/26
WEINBERG	RANDELL	W516721840970	3/17/26	16hr			PMD518663	12/1/26		
WILLIAMS	DALTON	W452-165-95-052-0	2/12/30	AMR 16hr					EMT580493	12/1/26
WILLIAMS	MYIA	W234-479-76-000-0	8/23/33				PMD544800	12/1/26		
WRIGHT	VICTORIA	W623873028320	9/12/26	16hrs					EMT589077	12/1/26

ELITE
MEDICAL RESPONSE

ATTACHMENT 9

Fee Schedule

- **Service type**
- **Base Rate**
- **Mileage**
- **Waiting Time Fee**
- **Special Event Fee**

ELITE
MEDICAL RESPONSE

Service Level		Fee
Mileage	A0425	$12.50/mile
ALS Emergent	A0427	$750.00
BLS Emergent	A0429	$650.00
ALS 2	A0433	$850.00
CCT	A0434	$950.00
ALS Non-Emergent	A0428	$650.00
BLS Non-Emergent	A0426	$550.00
Bariatric Transport (added to LOS)		$250 crew of 4
Added Member for Bariatric Transport		$50/Additional Crew Member
Non-Medical Service		
Non-Med STR Service		$100.00
Mileage NMS, NMS Bari, NMS B/R		$3.50/Mile
NMS Bariatric Transport		$250.00 Crew of 4
Added Member for Bariatric Transport		$50.00
Wait Time First Hour		Free
Additional Wait Time		$150.00/Hour
Additional Services		
ALS Standby		$150.00/Hour
BLS Standby		$125.00/Hour
Body Removal		$500.00