



INDIAN RIVER COUNTY DEPARTMENT OF EMERGENCY SERVICES

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY (COPCN)

APPLICANT NAME: Positive Mobility, Inc. d/b/a Elite Medical Response

DATE: 4-16-2024

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, Inc. d/b/a Elite Medical Response

MAILING ADDRESS: 201 Commercial Court

CITY Sebring COUNTY Highlands

ZIP CODE: 33876 BUSINESS PHONE: (863) 655-0030

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

Private

3. MANAGER'S NAME: Angel Liggins

ADDRESS: 201 Commercial Court, Sebring, FL 33876

PHONE #: (954) 793-9398

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, 45 Main St., Suite 804, Brooklyn, NY 11201 - Owner

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

NAME

ADDRESS

PHONE #

John Lauria, 1904 Newmark Circle, SW, Vero Beach, FL 32968 (561) 346-2582

Mark Castlow, 3435 Aviation Blvd., Vero Beach, FL 32960 (772) 567-8835

Christen Brewer, President, IAFF Local 2201, P.O. Box 1974, Vero Beach, FL 32961 (772) 633-8374

6. FUNDING SOURCE: Medicaid, Medicare and Commercial Insurance.

7. RATE SCHEDULE ATTACHED? YES NO N/A

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

Headquarters: Sebring: 201 Commercial Court, Sebring, FL 33876

Sub-Station: Polk: 4030 Kidron Rd., Lakeland, FL 33881

Sub-Station: DeSoto: 210 W. Gibson St., Arcadia, FL 34266

III. COMMUNICATIONS INFORMATION:

TYPES OF RADIOS/EQUIPMENT:

UHF - 12 Portables and Base Station - Call Signs M1-M35

1. RADIO FREQUENCY (ies)
(400-520MHz)

2. RADIO CALL NUMBER(s)
M1-M35

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

FROM AMBULANCE
Cleveland Clinic Indian River Hospital

Sebastian River Medical Center

FROM BASE STATION
Cleveland Clinic Indian River Hospital

Sebastian River Medical Center

**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, Alfred Angelo, the representative of

Applicant Name

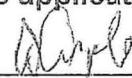
Positive Mobility, Inc. d/b/a Elite Medical Response, do hereby attest that

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

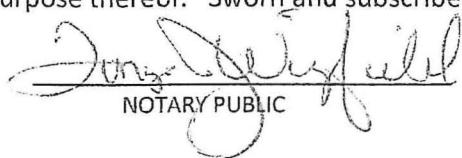
I further acknowledge that discrepancies discovered during the effective period of the Certificate of Public Convenience and Necessity will subject this service and its authorized representatives to corrective action and penalty provided in the referenced authority and that to the best of my knowledge,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



APPLICANT SIGNATURE

DATE

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 17th day of April 2024



My commission expires: 9-26-26

