



APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

APPLICATION TYPE: ☒ NEW ☐ RENEWAL

SERVICE TYPE: ☒ Wheelchair Transport ☐ ALS Interfacility ☐ ALS Non-Transport
☒ Stretcher Transport ☐ ALS Helicopter ☐ ALS Transport

TYPE OF ENTITY: ☐ Sole Proprietor ☐ Partnership ☐ Non-Profit Corporation ☒ Corporation

ORGANIZATION NAME: Florida Medical Transport		HOURS OF OPERATION: <input checked="" type="checkbox"/> 24-HOUR A.M. to <input type="checkbox"/> A.M. / <input type="checkbox"/> P.M.
ADDRESS 1: 3501 Quadrangle Blvd.		PHONE: 855-535-7433
ADDRESS 2: Suite 260		FAX:
CITY, STATE, ZIP CODE: Orlando, FL 32817		
OFFICER/DIRECTOR NAME & TITLE: Ramin Ekbatani, CEO	PHONE NUMBER & E-MAIL: 855-535-7433 - Ray@flmedtransport.com	
VICE OFFICER/DIRECTOR NAME & TITLE: Terry Diaz, COO	PHONE NUMBER & E-MAIL: 813-697-1650 - Terry@flmedtransport.com	
BUSINESS HOURS POINT-OF-CONTACT: Jason Rosete, Director of Growth & Efficiency	PHONE NUMBER & E-MAIL: (954) 292-3334 - Jason@flmedtransport.com	
AFTER HOURS POINT-OF-CONTACT: Adrian Rodriguez	PHONE NUMBER & E-MAIL: 407-409-0995 - Adrian@flmedtransport.com	
REQUIRED ATTACHMENTS: Record Keeping Verification Form, Vehicle Roster(s), Driver Roster(s), Certificate of Incorporation, Certification of Fictitious Name (d.b.a) if applicable, Insurance Verification for the highest level of service provided, and retail rate schedule. Also include any new applications per County Driver Certification Requirements.		
I, the undersigned representative of the above named firm, do hereby acknowledge this certificate may be suspended or revoked if at any time the firm fails to meet all of the requirements of the Pinellas County Code or Rules and Regulations.		
SIGNATURE OF APPLICANT: 		DATE: 06/03/2025
STATE OF FLORIDA COUNTY OF <u>Orange</u>		
Subscribed and sworn to (or affirmed) before me this <u>June 3, 2025</u> by <u>Jason Rosete</u> , who is/are personally known to me or has/have produced <u>Personally Known</u> as identification.		
(SEAL)	 LOURDES B JIMENEZ Notary Public, State of Florida Commission No. MH 577905 My Comm. Exp. Aug. 1, 2028	<u>Lourdes Jimenez</u> (Name of Notary typed, printed or Form stamped)

COPCN (Form A)

Section 1

Application Type

	Initial	Renewal
Wheelchair Transport	<input checked="" type="checkbox"/>	
Stretcher Transport	<input checked="" type="checkbox"/>	
ALS Helicopter	<input type="checkbox"/>	
ALS Interfacility	<input type="checkbox"/>	
ALS Non-Transport	<input type="checkbox"/>	
ALS Transport	<input type="checkbox"/>	

Type of Entity

*Type of Entity

- ☐ Sole Proprietor
- ☐ Partnership
- ☐ Non-Profit Corporation
- ☒ Corporation

Organization Type

Corporation

Company Information (Form A)

Company Information

Organization Name

Florida Medical Transport

*Street 1

1030 Spring Villas Point

Street 2

*Postal Code

32708

City

Winter Springs

State

Florida

Phone

855 - 535 - 7433

Ext:

Fax

 - -

*Hours of operation

24 hrs

Company Contacts

Position

☐ Officer/Director

*Action to take

Update record in the service

This is the action that will be taken within the service for the User you select below.

*Search Contact

Rosete, Jason (571211)

*Work Phone

954

-

292

-

3334

Ext:

Email

jason@flmedtransport.com

Position

☒ Vice Officer/Director

*Search Contact

Evans, Joshua

*Work Phone

954

-

258

-

0303

Ext:

*Email

Josh@flmedtransport.com

Position

☒ Business Hours Point-of-Contact

*Search Contact

Rosete, Jason (571211)

*Work Phone

954

-

292

-

3334

Ext:

*Email

jason@flmedtransport.com

Position

☒ After Hours Point-of-Contact

*User

Rosete, Jason (571211)



*Work Phone

954

-

292

-

3334

Ext:

*Email

jason@flmedtransport.com

Record Keeping Verification Form (Form B)

Inspection Items

Section 8.1

Record all telephone lines when used for requests for transport, including cell phones.*

*Initials

JR

*Initial here if standard business practice is to receive requests via fax and/or e-mail and written records are maintained of such contacts in accordance with written records criteria.

*Initials

JR

Section 8.1

Written record contains:

- Date Call Received
- Time Call Received
- Pick-up & Destination Address
- Arrival Time at Destination
- Client's Name
- Person Ordering Transport
- Telephone Number of Caller (*if applicable)

*Initials

JR

Section 8.1

Audio dispatch records shall be kept for a minimum of six (6) months.

*Initials

JR

Section 8.1

Written or electronic dispatch shall be kept for a minimum of three (3) years.

*Initials

JR

Section 8.1





Dispatch audio & written/electronic records shall be available for inspection.

*Initials

JR






Vehicles (Form C)

Section 1

Vehicle	Unit Number	Vehicle Tag Number	Vehicle Identification Number(VIN)	Active
 [New]	44	RVUR79	1FTYE1C80RKA53746	Yes
 [New]	45	DP79DP	1FTYE1C85RKB14640	Yes
 [New]	51	EB95QT	1FTYE1C82RKB14448	Yes
 [New]	52	DL94NB	1FTYE1C85RKA88282	Yes

Personnel (Form D)

Section 1

meggers	User	Position
 571116	Diaz, Terrence (571116)	
 571113	Gonzalez, Jose (571113)	
 571115	Quintero, Marilyn (571115)	
 571112	Rodriguez, Adrian (571112)	
 571211	Rosete, Jason (571211)	WCT Admin Support

Required Documents

Insurance verification

Provide a copy of the Certificate of Insurance showing limits for the highest level of service provided detailing vehicle liability, property damage coverage, and the expiration date of the policy (See Rules & Regulations 8.2)

Policy Type

Policy

Number

CICFL000168-03

Issued Date

07/09/2024 Today

Expiration Date

07/09/2025 Today

*Insurance Verification

 **Change File**
Auto COI - AVESTA HEALTHCARE.pdf

Name
Insurance Verification

Document Type
Insurance Verification

Certificate of Incorporation

*Certificate of Incorporation

 **Change File**
Avesta Articles of Organization - Sunbiz.pdf

Name
Certificate of Incorporation

Document Type
Certificate of Incorporation

Retail Rate Schedule

***Retail Rate Schedule**

[Change File](#) Hospital Fee Schedule 2025.docx

Name

Retail Rate Schedule

Document Type

Retail Rate Schedule

Certification of Fictitious Name (d.b.a.)

Please upload a copy of your Certification of Fictitious Name (d.b.a.).

Certification of Fictitious Name

[Change File](#) Fictitious name Cert - FMT.pdf

Name

Certification of Fictitious Name

Document Type

Certification of Fictitious Name

Signature

Signature

***Today's Date**

05/27/2025

[Today](#)

***Signature**

Signed on May 27, 2025 5:21:30 PM by Jason Rosete



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/04/2025

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 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	Cable Underwriters 221 West Oakland Park Boulevard Ft. Lauderdale FL 33311	CONTACT NAME: Cable Underwriters PHONE (A/C, No, Ext): (954) 563-3000 E-MAIL ADDRESS: certificate@cableinsurance.com FAX (A/C, No): INSURER(S) AFFORDING COVERAGE NAIC #
INSURED	AVESTA HEALTHCARE LLC 1030 SPRING VILLAS PT SUITE 1000 Winter Springs FL 32708	INSURER A: CABLE INSURANCE COMPANY 16572 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES

CERTIFICATE NUMBER:

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
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SYM 7 0 <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			CICFL000168-03	07/09/2024	07/09/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input type="checkbox"/>	N / A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

NATURE OF INTEREST: CERTIFICATE HOLDER

CERTIFICATE HOLDER

CANCELLATION

PINELLAS COUNTY, A SUBDIVISION OF THE STATE OF FLO 400 S. FORT HARRISON AVE. Clearwater FL 33756	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 <i>Michael Sablin</i>
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APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

REGISTRATION# G22000027636

Fictitious Name to be Registered: FLORIDA MEDICAL TRANSPORT

Mailing Address of Business: 1030 SPRING VILLAS PT STE1000
WINTER SPRINGS, FL 32708

Florida County of Principal Place of Business: FLAGLER

FEI Number: 87-4683152

FILED
Feb 24, 2022
Secretary of State

Owner(s) of Fictitious Name:

AVESTA HEALTHCARE LLC
1030 SPRING VILLAS PT STE1000
WINTER SPRINGS, FL 32708
Florida Document Number: L22000029951
FEI Number: 87-4683152

I the undersigned, being an owner in the above fictitious name, certify that the information indicated on this form is true and accurate. I further certify that the fictitious name to be registered has been advertised at least once in a newspaper as defined in Chapter 50, Florida Statutes, in the county where the principal place of business is located. I understand that the electronic signature below shall have the same legal effect as if made under oath and I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, Florida Statutes.

RAMIN EKBATANI

02/24/2022

Electronic Signature(s)

Date

Certificate of Status Requested ()

Certified Copy Requested ()

1/26/22, 11:58 AM

Division of Corporations

L2200002951

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000033789 3)))



H220000337893ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : NELSON MULLINS RILEY & SCARBOROUGH LLP
Account Number : I19980000090
Phone : (407)839-4200
Fax Number : (407)839-4264

FILED
2022 JAN 26 AM 4:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
AVESTA HEALTHCARE, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

411

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2022 JAN 26 PM 12:59

Electronic Filing Menu

Corporate Filing Menu

Help

(H220000337893)

**ARTICLES OF ORGANIZATION
OF
AVESTA HEALTHCARE, LLC**

The undersigned acting as the organizer of AVESTA HEALTHCARE, LLC, under the Florida Limited Liability Company Act, Chapter 605, *Fla. Stat.*, adopts the following Articles of Organization:

ARTICLE I - Name:

The name of the limited liability company is AVESTA HEALTHCARE, LLC (the "Company").

ARTICLE II - Address:

The mailing address and the street address of the limited liability company is 1030 Spring Villas Point, Suite 1000, Winter Springs, Florida 32708.

ARTICLE III - Duration:

The period of duration for the Company shall be perpetual, unless dissolved in accordance with the terms of the Operating Agreement of the Company.

ARTICLE IV - Management:

The limited liability company is to be managed by a manager and the name and address of the individual who is to serve as initial manager until the first annual meeting of the members or until his successor is elected and qualified is:

Name

Ramin (Ray) Ekbatani

Address

1030 Spring Villas Point
Suite 1000
Winter Springs, Florida 32708

2022 JAN 26 AM 4:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLE V - Admission of Additional Members:

The Company shall admit new Members only upon the majority written consent of all then existing voting Members of the Company.

ARTICLE VI - Adoption of Operating Agreement:

(H220000337893)

(1422000033789 3)

The Company shall adopt Operating Agreement for the Company, which Operating Agreement may contain any provisions for the regulation and management of the affairs of the Company not inconsistent with these Articles of Organization, or Chapter 605, *Fla. Stat.*

ARTICLE VII - Initial Registered Agent and Office:

The initial registered agent for the Company shall be RAMIN (RAY) EKBATANI, whose street address is 1030 Spring Villas Point, Suite 1000, Winter Springs, Florida 32708.

A copy of the registered agent's acceptance to serve accompanies these Articles.

ARTICLE VIII - Amendments:

The Company reserves the right to amend any provision of these Articles of Organization, which amendment shall only be effectuated by the majority written approval of all voting Members of the Company.

ARTICLE IX - Indemnification:

Each individual or entity who is or was a manager of the Company (and the heirs, executor, personal representatives, administrators, successors or assigns of such individual or entity) who was or is made a party to, or is involved in any threatened, pending or completed action, suit or proceeding, whether civil, criminal, administrative or investigative, by reason of the fact that such person is or was a manager of the Company ("Indemnitee"), shall be indemnified and held harmless by the Company to the fullest extent permitted by applicable law, as the same exists or may hereafter be amended. In addition to the indemnification conferred in this Article, the Indemnitee shall also be entitled to have paid directly by the Company the expenses reasonably incurred in defending any such proceeding against such Indemnitee in advance of its final disposition, to the fullest extent authorized by applicable law, as the same exists or may hereafter be amended. The rights and authority conferred in this Article shall not be exclusive of any other right which any person may have or hereafter acquire under any statute, provision of the Articles of Organization or Operating Agreement of the Company, agreement, vote of Members or otherwise. Any repeal or amendment of this Article by the Members of the Company shall not adversely affect any right or protection of a manager or officer existing at the time of such repeal or amendment.

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2022 JAN 26 AM 4:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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(H22000033789 3)

ARTICLE X – Member Interests:

The Company is authorized to issue both voting and nonvoting member certificates. All common member certificates shall be identical in all respects except the nonvoting member certificates shall carry no right to vote on any matter except as the State of Florida requires that voting rights be granted nonvoting member interests.

IN WITNESS WHEREOF, the undersigned executes these Articles of Organization as of this 26th day of January, 2022.


RAMIN (RAY) EKBATANI

FILED

2022 JAN 26 AM 4:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

/ H22000033789 3)

(H22000033789 3)

**ACCEPTANCE OF APPOINTMENT OF
REGISTERED AGENT**

PURSUANT TO THE PROVISIONS OF SECTION 605.415, FLORIDA STATUTES,
THE UNDERSIGNED REGISTERED AGENT SUBMITS THE FOLLOWING STATEMENT IN
DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF
FLORIDA.

1. The name of the limited liability company is **AVESTA HEALTHCARE, LLC.**
2. The name and address of the registered agent is:

RAMIN (RAY) EKBATANI
1030 Spring Villas Point
Suite 1000
Winter Springs, Florida 32708

Having been named as registered agent and to accept service of process for the above
stated limited liability company at the place designated in this certificate, the undersigned hereby
accepts the appointment as registered agent and agrees to act in his capacity. The undersigned
further agrees to comply with the provisions of all statutes relating to the proper and complete
performance of his duties, and that he is familiar with and accepts the obligations of his position
as registered agent.


RAMIN (RAY) EKBATANI

Dated this 26th day of January, 2022.

2022 JAN 26 AM 4:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SCHEDULE A

Florida Medical Transport – 2025 Hospital Rate Sheet (one way)

Service	Base Fee	Per Mile
Wheelchair – Standard	\$100	\$2.95
Wheelchair – Bariatric (> 250 lbs.)	\$125	\$2.95
Stretcher – Standard	\$175	\$3.95
Stretcher – Bariatric (> 250 lbs.)	\$245	\$3.95
Wait Time	\$80/hr	
Oxygen Fee	\$50	
Contact Precautions / Special Needs Fee	\$135	
After Hours / Holiday Fee (9p-7a)	1.5x	

Standard Hours: Monday-Sunday 7am-9pm

After Hours: Monday-Sunday 9pm-7am

CONFIDENTIAL



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Detail by Entity Name

Florida Limited Liability Company
AVESTA HEALTHCARE,LLC

Filing Information

Document Number L22000029951
FEI/EIN Number 87-4683152
Date Filed 01/26/2022
State FL
Status ACTIVE

Principal Address

3501 Quadrangle Blvd Suite 260
Orlando, FL 32817

Changed: 02/07/2024

Mailing Address

3501 Quadrangle Blvd Suite 260
Orlando, FL 32817

Changed: 02/07/2024

Registered Agent Name & Address

RAMIN EKBATANI
3501 Quadrangle Blvd Suite 260
Orlando, FL 32817

Name Changed: 03/07/2025

Address Changed: 02/07/2024

Authorized Person(s) Detail

Name & Address

Title MGR

RAMIN EKBATANI
1030 SPRING VILLAS POINT, SUITE 1000
WINTER SPRINGS, FL 32708

Title CFO

Evans, Josh
3501 Quadrangle Blvd Suite 260
Orlando, FL 32817

Annual Reports

Report Year	Filed Date
2025	02/12/2025
2025	03/07/2025
2025	04/24/2025

Document Images

04/24/2025 -- AMENDED ANNUAL REPORT	View image in PDF format
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