



APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

APPLICATION TYPE: NEW RENEWALSERVICE TYPE: Wheelchair Transport ALS Interfacility ALS Non-Transport
 Stretcher Transport ALS Helicopter ALS TransportTYPE OF ENTITY: Sole Proprietor Partnership Non-Profit Corporation Corporation

ORGANIZATION NAME: TruCare Transport LLC	HOURS OF OPERATION: <input checked="" type="checkbox"/> 24-HOUR A.M. to <input type="checkbox"/> A.M. / <input type="checkbox"/> P.M.
ADDRESS 1: 15985 Preserve Market	PHONE: 813-373-2606
ADDRESS 2: Place #1018	FAX:
CITY, STATE, ZIP CODE: Odessa, Florida	
OFFICER/DIRECTOR NAME & TITLE: Arlis Fuentes Perez	PHONE NUMBER & E-MAIL: 239-302-8273 trucaretransport17@gmail.com
VICE OFFICER/DIRECTOR NAME & TITLE: Oneida Fuentes	PHONE NUMBER & E-MAIL: 813-373-2606 trucaretransport17@gmail.com
BUSINESS HOURS POINT-OF-CONTACT: Oneida Fuentes	PHONE NUMBER & E-MAIL: 813-373-2606 Same
AFTER HOURS POINT-OF-CONTACT: Oneida Fuentes	PHONE NUMBER & E-MAIL: 813-373-2606 Same
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: 03/6/2025
STATE OF FLORIDA COUNTY OF <u>Pasco</u>	
Subscribed and sworn to (or affirmed) before me this <u>June 3, 2025</u> by <u>Arlis Fuentes Perez</u> , who is/are personally known to me or has/have produced _____ as identification.	
(SEAL) 	 Sabrina Caligiuri (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 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

Sole Proprietor

**Company Information (Form A)**

Company Information

Organization Name

TruCare Transport

*Street 1

15985 Preserve Marketplace #1018

Street 2

15985 Preserve MarketPlace #1018

*Postal Code

33556

City

Odessa

State

Florida



Phone

813 - 373 - 2606 Ext:

***Hours of operation**

24/7

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**

Fuentes Perez, Arlis (560001)

***Work Phone**

813 - 373 - 2606 Ext:

Email

trucaretransport17@gmail.com

Position

Vice Officer/Director

***Search Contact**

Fuentes Perez, Arlis (560001)

***Work Phone**

813 - 373 - 2606 Ext:

***Email**

trucaretransport17@gmail.com

Position

Business Hours Point-of-Contact

***Search Contact**

Fuentes Perez, Arlis (560001)

***Work Phone**

813 - 373 - 2606 Ext:

***Email**

trucaretransport17@gmail.com

Position

After Hours Point-of-Contact

*User

Fuentes Perez, Arlis (560001)



*Work Phone

813 - 373 - 2606 Ext:

*Email

trucaretransport17@gmail.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
of

*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
of

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
of

Section 8.1

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

*Initials
of

Section 8.1

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

*Initials
of

Section 8.1

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

*Initials
of

Vehicles (Form C)

Section 1

*Vehicle

[New]



Unit Number

10

Vehicle Tag Number

26EBMJ

*Vehicle Identification Number(VIN)

1FTSS3LXEDA86201

*Active

Yes No

Personnel (Form D)

Section 1

Personnel ID

560001

User

Fuentes Perez, Arlis (560001)

Position

- Pinellas County EMS Training Coordinator
- EMS Coordinator
- Primary Contact
- Operations Officer
- Medical Director (On-Line)
- Medical Director (Off-Line)
- Service Director
- Assistant Service Director
- Service Representative
- Primary QA Contact
- Infection Control Officer
- Fire Administration
- Fire Marshall
- Fire Chief
- Agency Admin Support
- CCT Coordinator
- SWAT Supervisor

Sunstar Supervisor

EMS Chief

Sunstar Admin Support

Fire Inspector

Fire Coordinator

WCT Admin Support

Officer/Director

Vice Officer/Director

Business Hours Point-of-Contact

After Hours Point-of-Contact

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

CPS8110274 - PC24112087

Issued Date

11/22/2024

[Today](#)

Expiration Date

11/22/2025

[Today](#)

*Insurance Verification

[④ Change File](#) [2025-05-17_095277.pdf](#)

Name

Insurance Verification

Document Type

Insurance Verification



Certificate of Incorporation



WHEELCHAIR / STRETCHER DRIVER ROSTER
Pinellas County Rules and Regulations, as Amended

Name of Service: TruCare Transport LLC Page: ____ of ____

Attach a copy of the Class E Driver's License for each listed Driver. If more lines are needed, it is acceptable to copy this form. A Company Roster may be attached, as long as all required information is included.

	Name (Last, First) Also list "nick-name" if applicable	Class E Driver's License Number	Expiration Date	Date of Birth	Assigned EMS ID #
1.	Arlis Fuentes Perez	F614-513-06-100-0	12/17/31	12/17/1981	56001
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					

***Certificate of Incorporation**

④ Change File 2025-05-27_112614.pdf

Name

Certificate of Incorporation

Document Type

Certificate of Incorporation



Retail Rate Schedule

***Retail Rate Schedule**

④ Change File 2025-05-15_115128.pdf

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

④ Upload File

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 11:42:05 AM by Arlis Fuentes Perez



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/15/2025

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: George Zein
G. Zein Insurance Services 409 w. hallandale beach blvd Ste 215 Hallandale Beach		PHONE (A/C, No, Ext): (954) 454-9599
		E-MAIL ADDRESS: g.zein@floridainsurance.ws
		FAX (A/C, No): (954) 843-0313
		INSURER(S) AFFORDING COVERAGE
		INSURER A: SCOTTSDALE INSURANCE
INSURED		INSURER B:
TRUCARE Transport LLC 15985 Preserve MArket Place #1018 Odessa		INSURER C:
		INSURER D:
		INSURER E:
		INSURER F:
NAIC #		

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/SUBR/INSD/ WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>		CPS8110274	11/22/2024	11/22/2025	EACH OCCURRENCE	\$ 1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	
	POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC					MED EXP (Any one person)	\$ 5,000	
B	OTHER: Loading/Unloading:\$15,00					PERSONAL & ADV INJURY	\$ 1,000,000	
	AUTOMOBILE LIABILITY					GENERAL AGGREGATE	\$ 3,000,000	
	ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY					PRODUCTS - COMP/OP AGG	\$ 1,000,000	
	UMBRELLA LIAB					SEXUAL ABUSE	\$ 100,000	
	EXCESS LIAB					OCCUR	COMBINED SINGLE LIMIT (Ea accident)	\$
	DED					CLAIMS-MADE	BODILY INJURY (Per person)	\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				BODILY INJURY (Per accident)	\$	
	PROPERTY DAMAGE (Per accident)					\$		
	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)						PER STATUTE	OTHR	
NON EMERGENCY MEDICAL TRANSPORTATION						E.L. EACH ACCIDENT	\$	
LIST OF DRIVERS: Arlis Fuentes, Oneida Fuentes						E.L. DISEASE - EA EMPLOYEE	\$	
LIST OF VEHICLE: 2014 Ford Econoline - VIN# 1FTSS3LXEDA86201						E.L. DISEASE - POLICY LIMIT	\$	
Certificate Holder: Pinellas County								

CERTIFICATE HOLDER		CANCELLATION	
Pinellas County A Political Subdivision of the State of Florida 400 Sounth Fort Harrison Ave Clearwater		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	
FL 33756		AUTHORIZED REPRESENTATIVE 	

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CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)
12/02/2024

PRODUCER AND THE NAMED INSURED
Prime Property & Casualty Insurance Inc

8722 S. Harrison St.
Sandy, UT 84070
(801) 304-5500

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY
AND CONFERNS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS
CERTIFICATE OF INSURANCE DOES NOT AFFIRMATIVELY OR
NEGATIVELY AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED
BY THE INSURANCE POLICIES BELOW.

INSURED
Trucare Transport LLC
DBA:
2967 Suncoast Blend Dr
Odessa, FL 33556

INSURERS AFFORDING COVERAGE

INSURER A: Prime Property & Casualty Insurance Inc.

INSURER B:

INSURER C: - Company #27876

COVERAGES

"LIMITS SHOWN ARE THOSE IN EFFECT AS OF POLICY INCEPTION"

753249

The policies of insurance listed below have been issued to the insured named above for the policy 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. Aggregate limits shown may have been reduced by paid claims.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
<input type="checkbox"/> Commercial Liability				
<input type="checkbox"/> Claims Made				
<input type="checkbox"/> Exclude Products				
<input type="checkbox"/> Exclude Completed Operations				
<input checked="" type="checkbox"/> Commercial Auto Liability	PC24112087	11/22/2024	11/22/2025	\$1,000,000 CSL \$18,500 Physical Damage-total scheduled value \$10,000 P.I.P Per Person \$10,000 U.M. Per Person \$20,000 U.M. Per Accident
<input type="checkbox"/> Any Auto				
<input type="checkbox"/> All Owned Autos				
<input checked="" type="checkbox"/> Scheduled Autos				
<input type="checkbox"/> Hired Autos				
<input type="checkbox"/> Non-Owned Autos				
<input type="checkbox"/> Drive Away				
<input type="checkbox"/> Specifically Described Autos				
<input type="checkbox"/> Commercial Garage Liability				
<input type="checkbox"/> G.K.L.L.				
<input type="checkbox"/> O.T.R.P.D.				
<input type="checkbox"/> D.O.C.				
<input type="checkbox"/> Cargo				
<input type="checkbox"/> On Hook				
<input type="checkbox"/> Contractual Liability Indemnification				
<input type="checkbox"/> Wrongful Repossession				
<input type="checkbox"/> Exclude Completed Operations				
<input type="checkbox"/> Exclude Products				
<input type="checkbox"/> Claims Made				
<input type="checkbox"/> Excess Liability				
<input type="checkbox"/> Claims Made				

OTHER

DESCRIPTION OF OPERATION/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

CERTIFICATE HOLDER ADDITIONAL INSURED LOSS PAYEE WAIVER OF SUBROGATION PRIMARY AND NON-CONTRIBUTORY

PROOF OF INSURANCE

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NO WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



State of Florida

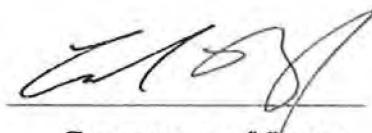
Department of State

I certify from the records of this office that TRUCARE TRANSPORT LLC is a limited liability company organized under the laws of the State of Florida, filed on March 29, 2023.

The document number of this limited liability company is L23000156952.

I further certify that said limited liability company has paid all fees due this office through December 31, 2025, that its most recent annual report was filed on February 27, 2025, and that its status is active.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Twenty-seventh day of May,
2025*



Secretary of State

Tracking Number: 2724006452CU

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L23000156952
FILED 8:00 AM
March 29, 2023
Sec. Of State
rhunt

Article I

The name of the Limited Liability Company is:

TRUCARE TRANSPORT LLC

Article II

The street address of the principal office of the Limited Liability Company is:

2967 SUNCOAST BLEND DR
ODESSA, FL. US 33556

The mailing address of the Limited Liability Company is:

2967 SUNCOAST BLEND DR
ODESSA, FL. US 33556

Article III

The name and Florida street address of the registered agent is:

ARLIS FUENTES PEREZ
2967 SUNCOAST BLEND DR
ODESSA, FL. 33556

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, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: ARLIS FUENTES PEREZ

Article IV

The name and address of person(s) authorized to manage LLC:

Title: AMBR
ARLIS FUENTES PEREZ
2967 SUNCOAST BLEND DR
ODESSA, FL. 33556 US

L23000156952
FILED 8:00 AM
March 29, 2023
Sec. Of State
rhunt

Signature of member or an authorized representative

Electronic Signature: LOVETTE DOBSON

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. 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, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

RATES of REIMBURSEMENT

Monday – Friday, 7:00 AM – 5:00 PM

Contracted Rates
One-way Ambulatory: \$35.00 pickup plus \$5.00/mile
One-way Wheelchair: \$50.00 pickup plus \$5.00/mile
One-way Assistant: \$45.00
Unloaded Miles: \$1.50 (15 miles or more)
Bariatric Patient (between 250 - 350 lbs.): \$45.00
Bariatric Patient (between 350 – 450 lbs.): \$90.00
Wait Time: \$25.00 per 30 minutes
COVID Positive Patient: \$100 per one-way transport

Weekends & Monday – Friday, 5:01 PM – 11:00 PM

Contracted Rates
One-way Ambulatory: \$45.00 pickup plus \$6.00/mile
One-way Wheelchair: \$60.00 pickup plus \$6.00/mile
One-way Assistant: \$55.00
Unloaded Miles: \$2.50 (15 miles or more)
Bariatric Patient (between 250 - 350 lbs.): \$55.00
Bariatric Patient (between 350 – 450 lbs.): \$110.00
Wait Time: \$25.00 per 30 minutes
COVID Positive Patient: \$100 per one-way transport

Holidays & Monday – Sunday, 11:01 PM – 6:59 AM

Contracted Rates
One-way Ambulatory: \$55.00 pickup plus \$7.00/mile
One-way Wheelchair: \$70.00 pickup plus \$7.00/mile
One-way Assistant: \$60.00
Unloaded Miles: \$3.50 (15 miles or more)
Bariatric Patient (between 250 - 350 lbs.): \$65.00
Bariatric Patient (between 350 – 450 lbs.): \$130.00
Wait Time: \$25.00 per 30 minutes
COVID Positive Patient: \$100 per one-way transport

CANCELLATION NOTICE: ALL No-Show arrivals or transports canceled within 30 minutes of pick-up time will incur the cost of a one-way transport.



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

Detail by Entity Name

Florida Limited Liability Company
TRUCARE TRANSPORT LLC

Filing Information

Document Number L23000156952
FEI/EIN Number 35-2799382
Date Filed 03/29/2023
State FL
Status ACTIVE

Principal Address

15985 Preserve MarketPlace
#1018
ODESSA, FL 33556

Changed: 03/20/2024

Mailing Address

15985 Preserve MarketPlace
#1018
ODESSA, FL 33556

Changed: 03/20/2024

Registered Agent Name & Address

FUENTES PEREZ, ARLIS
2967 SUNCOAST BLEND DR
ODESSA, FL 33556

Authorized Person(s) Detail

Name & Address

Title AMBR

FUENTES PEREZ, ARLIS
2967 SUNCOAST BLEND DR
ODESSA, FL 33556

Annual Reports

Report Year	Filed Date
2024	04/30/2024

2025

02/27/2025

Document Images[02/27/2025 -- ANNUAL REPORT](#)[View image in PDF format](#)[04/30/2024 -- ANNUAL REPORT](#)[View image in PDF format](#)[03/29/2023 -- Florida Limited Liability](#)[View image in PDF format](#)

Florida Department of State, Division of Corporations