



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: MEDFLEET, 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: 12200 US 19		PHONE: 727 849-6849
ADDRESS 2:		FAX:
CITY, STATE, ZIP CODE: HUDSON, FL 34667		
OFFICER/DIRECTOR NAME & TITLE: Jeff Taylor Chief Operating Officer	PHONE NUMBER & E-MAIL: 925 789-0401 jtaylor@medfleet.com	
VICE OFFICER/DIRECTOR NAME & TITLE: Brian W Haff Director of Support Services	PHONE NUMBER & E-MAIL: 352 251-6953 bhaff@medfleet.com	
BUSINESS HOURS POINT-OF-CONTACT: Jeff Taylor Chief Operating Officer	PHONE NUMBER & E-MAIL: 925 789-0401 jtaylor@medfleet.com	
AFTER HOURS POINT-OF-CONTACT: Jeff Taylor Chief Operating Officer	PHONE NUMBER & E-MAIL: 925 789-0401 jtaylor@medfleet.com	
<b>REQUIRED ATTACHMENTS:</b> 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: <i>Jeff Taylor</i>	DATE: 5/7/2026	
STATE OF FLORIDA COUNTY OF <u>Pasco</u>		
Subscribed and sworn to (or affirmed) before me this _____ by <u>Jeff Taylor</u> , who is/are <u>personally known to me</u> or has/have produced _____ as identification.		
(SEAL)	<i>Louise I Meserve</i> (Name of Notary typed, printed or Form stamped)	

Application for Certificate of Public Convenience and Necessity

Please download and complete this form.

Upload the notarized the COPCN Notary Form here

[Change File](#)

PINELLAS COPCN RENEWAL 2026.pdf

Name

COPCN Notary Form

Document Type

Supporting Documents

Application Type

	Initial	Renewal
Wheelchair Transport	<input 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"/>	
Wheelchair and Stretcher Van		

Type of Entity

\*Type of Entity

- Sole Proprietor
- Partnership
- Non-Profit Corporation
- Corporation

Organization Type

Corporation

**Company Information (Form A)**

Company Information

Organization Name

MedFleet LLC

\*Street 1

12200 US 19

Street 2

\*Postal Code

34667

City

Hudson

State

Florida

Phone

925 - 789 - 0401 Ext:

Fax

[-]-[-]-[-]

\*Hours of operation

24

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

Taylor, Jeff

\*Work Phone

925 - 789 - 0401 Ext:

Email

jtaylor@medfleet.com

Position

Vice Officer/Director

\*Search Contact

Haff, Brian (572567)



\*Work Phone

352 - 251 - 6953 Ext:

\*Email

bhaff@medfleet.com

Position

Business Hours Point-of-Contact

\*Search Contact

Taylor, Jeff



\*Work Phone

925 - 789 - 0401 Ext:

\*Email

jtaylor@medfleet.com

Position

After Hours Point-of-Contact

\*User

Taylor, Jeff



\*Work Phone

925

-

789

-

0401

Ext:

\*Email

jtaylor@medfleet.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

JKT

\*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

JT

### 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

JT

### Section 8.1

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

\*Initials

JT

### Section 8.1

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

\*Initials

JT

### Section 8.1

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

\*Initials

JT

## Vehicles (Form C)

Section 1

Vehicle	Unit Number	Vehicle Tag Number	Vehicle Identification Number(VIN)	Active
<input checked="" type="checkbox"/> 405	405	MIR55F	1FMZK1CM9GKB18807	Yes
<input checked="" type="checkbox"/> 406	406	MIR54F	1FMZK1CM2GKB18812	Yes
<input checked="" type="checkbox"/> 408	408	MIR57F	1FTYR2CM0HKA02088	Yes
<input checked="" type="checkbox"/> 409	409	MIR58F	1FTYR2CM2HKA02089	Yes
<input checked="" type="checkbox"/> 416	416	MIR61F	1FTYE2CM4JKB21957	Yes
<input checked="" type="checkbox"/> 421	421	NQIK71	1FTYR1CM2KKB60952	Yes
<input checked="" type="checkbox"/> 422	422	NQIK72	1FTYR1CM4KKB60953	Yes

**Personnel (Form D)**

Section 1

meegers	User	Position
572502	Arocho, Daniel R (572502)	
551006	Avant, Joshua (551006)	
572519	Baker, Naje (572519)	
572505	Baker, Dylan A W (572505)	
572501	Biel, Matthew (572501)	
572508	Brewton, Tyliceona (none)	
551025	Brown, Kyle B (551025)	
	Brown, Brittany (none)	WCT Admin Support
551016	Cox, Trenton L (551016)	
572512	Culbertson, Ethan Dean (572512)	
572522	Debeatham, Jordan (none)	
572516	Elliott Jr, Anthony D (572516)	
572517	Estevez, Leea J (572517)	
572518	Faust, Christopher C (572518)	
572519	Fearing, Chaasad (572519)	
572567	Haff, Brian (572567)	WCT Admin Support
572522	Hunt Parson, Deanna (572522)	
572523	Hutchings, Brianne (572523)	
551002	Jasiulevicius, Thomas Daniel (551002)	
551012	Kessner, Joshua M (551012)	
551024	Krahn, Brennan (551024)	
572526	Lalas, Felix O (572526)	
	Leacock, Anna (none)	WCT Admin Support
572529	MCADOO, Matthew (572529)	
572153	Mccoy, Maria (572153)	
572531	Mckay, Jayson N (572531)	
572532	MCMILLAN, Kimberly A (572532)	
572535	Miller, Malachi J (572535)	
551018	Miller, Colt B (551018)	
572536	Nguyen, Eric P (572536)	
572537	Northrup-Johnson, Michelle B (572537)	
551012	Pace, Camryn N (551012)	
551014	Pacheco, Misael (551014)	
551010	Percianoff, Landon C (551010)	
572541	Petrosky, Nicholas (572541)	
572558	Quach, William (572558)	
572542	Raymond, Patrick W (572542)	
	Ringwald, Sara E (none)	WCT Admin Support
572500	Rodriguez, Luis (572500)	
572543	Romano, Cassidy Romano R (572543)	
572546	Scott, Destiny S (572546)	
572547	Scott-Martin, Malina S (572547)	
572548	Serpe, Gianna (572548)	
572549	Siligato, Steve (572549)	
551008	Syed, Zaynaa (551008)	
	Taylor, Jeff (none)	WCT Admin Support
572553	Valenti, Derek (572553)	
572554	Wagner, Samantha Nicole (572554)	
551003	Wall, Palladin P (551003)	
551011	Williams, Makayla S (551011)	
572557	Young, John C (572557)	

### 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

2016612444

Issued Date

06/29/2025

Today

Expiration Date

06/29/2026

Today

\*Insurance Verification

[Change File](#)

Medfleet WCT COPCN COI.pdf

Name

Insurance Verification

Document Type

Insurance Verification

Certificate of Incorporation

\*Certificate of Incorporation

[Change File](#)

SUNBIZ.pdf

Name

Certificate of Incorporation

Document Type

Certificate of Incorporation

Retail Rate Schedule

\*Retail Rate Schedule

[Change File](#)

RATE SHEET.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

[Upload File](#)

Name

Certification of Fictitious Name

Document Type

Certification of Fictitious Name

**Signature**

Signature

\*Today's Date

05/07/2026

Today

\*Signature

Signed on May 8, 2026 8:25:58 AM by Brian Haff





**ADDITIONAL REMARKS SCHEDULE**

AGENCY Edgewood Partners Insurance Agency		NAMED INSURED Paramedics Logistics Operating Company, LLC 12200 US-19 North Hudson FL 34667	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
 FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

Professional Liability/General Liability/Umbrella Liability  
 -Additional Insured where required by written contract  
 -Waiver of Subrogation where required by written contract (General Liability and Umbrella)  
 -Primary & Non-Contributory where required by written contract (General Liability)  
 -Claims Made coverage applicable to Professional Liability and Umbrella Policies.  
 -Umbrella policy Schedule of Underlying Insurance:  
   - HC7SAC2MCR002  
   - 14WCI1020406  
   - 11CAB1020506

Automobile Liability  
 -Additional Insured where required by written contract  
 -Waiver of Subrogation where required by written contract  
 -Primary and Non-Contributory where required by written contract

Workers' Compensation  
 -Alternate Employer Endorsement  
 -Waiver of Subrogation as required by written contract  
 Certificate Holder is considered Additional Insured (except Workers Comp) and Waiver of Subrogation applies (except Professional Liability) where required by written contract, provided the written contract is executed prior to the "claim" being made or the "suit" being brought. Subject to all policy terms, conditions, exclusions. General Liability and Auto Liability are written on a Primary and Non-Contributory basis where required by written contract.



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

## Detail by Entity Name

Foreign Limited Liability Company

MEDFLEET, LLC

### Filing Information

**Document Number** M19000011922  
**FEI/EIN Number** N/A  
**Date Filed** 12/13/2019  
**State** DE  
**Status** ACTIVE  
**Last Event** REINSTATEMENT  
**Event Date Filed** 10/08/2020

### Principal Address

12200 US-19 North  
Hudson, FL 34667

Changed: 04/26/2023

### Mailing Address

12200 US-19 North  
Hudson, FL 34667

Changed: 04/26/2023

### Registered Agent Name & Address

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

Name Changed: 10/08/2020

### Authorized Person(s) Detail

#### **Name & Address**

Title COO

Taylor, Jeff  
12200 US-19 North  
Hudson, FL 34667

### Annual Reports

<b>Filed Year</b>	<b>Filed Date</b>
2022	04/29/2022
2023	04/26/2023
2024	02/21/2024

**Document Images**

<a href="#"><u>02/21/2024 -- ANNUAL REPORT</u></a>	<a href="#">View image in PDF format</a>
<a href="#"><u>04/26/2023 -- ANNUAL REPORT</u></a>	<a href="#">View image in PDF format</a>
<a href="#"><u>04/29/2022 -- ANNUAL REPORT</u></a>	<a href="#">View image in PDF format</a>
<a href="#"><u>04/26/2021 -- ANNUAL REPORT</u></a>	<a href="#">View image in PDF format</a>
<a href="#"><u>10/08/2020 -- REINSTATEMENT</u></a>	<a href="#">View image in PDF format</a>
<a href="#"><u>12/13/2019 -- Foreign Limited</u></a>	<a href="#">View image in PDF format</a>

Pinellas Non-Medical Stretcher COPCN  
RATE SHEET

NON-MEDICAL STRETCHER	\$290.00 + \$9.72/MILE
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