




# 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: <u>Access A Ride corp</u>		HOURS OF OPERATION: <input checked="" type="checkbox"/> 24-HOUR A.M. to <input type="checkbox"/> A.M. / <input type="checkbox"/> P.M.
ADDRESS 1: <u>10460 Roosevelt Blvd N</u>		PHONE: <u>904-552-1003</u>
ADDRESS 2:		FAX:
CITY, STATE, ZIP CODE: <u>St. Petersburg FL 33716</u>		
OFFICER/DIRECTOR NAME & TITLE: <u>Andy Ferreras (President)</u>	PHONE NUMBER & E-MAIL: <u>646-302-9479 AccessARideFL@gmail.com</u>	
VICE OFFICER/DIRECTOR NAME & TITLE: <u>Nelselenny Vicioso</u>	PHONE NUMBER & E-MAIL: <u>407-968-3291 nelson.vicioso@gmail.com</u>	
BUSINESS HOURS POINT-OF-CONTACT: <u>Franklin LORA</u>	PHONE NUMBER & E-MAIL: <u>904-552-1003</u>	
AFTER HOURS POINT-OF-CONTACT: <u>Nelselenny Vicioso</u>	PHONE NUMBER & E-MAIL: <u>407-968-3291</u>	
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: <u>Nelselenny Vicioso</u>	DATE: <u>06-03-2025</u>	
STATE OF FLORIDA COUNTY OF <u>Orange</u>		
Subscribed and sworn to (or affirmed) before me this <u>06/3/2025</u> by <u>Nelselenny Vicioso</u> , who is/are personally known to me or has/have produced <u>FL DL</u> as identification.		
<div style="border: 1px solid black; padding: 5px; text-align: center;"><p>JENNIFER ANIRSY PICHARDO Notary Public - State of Florida Commission # HH 322785 My Comm. Expires Oct 17, 2026 Bonded through National Notary Assn.</p></div> <p>(SEAL) <u>Jennifer Anirsy Pichardo</u></p> <p style="text-align: right;">Jennifer Anirsy Pichardo (Name of Notary typed, printed or Form stamped)</p>		

**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

Corporation

**Company Information (Form A)**

## Company Information

## Organization Name

Access A Ride Corp

## \*Street 1

10460 Roosevelt Blvd. N

## Street 2

Suite 269

## \*Postal Code

33716

## City

Saint Petersburg

## State

Florida

## Phone

904

-

552

-

1003

Ext:

Fax

407

-

205

-

0070

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

Vicioso, Nelseenny

\*Work Phone

407

-

968

-

3291

Ext:

Email

accessaridefl@gmail.com

Position



Vice 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

Vicioso, Nelseenny

\*Work Phone

407

-

968

-

3291

Ext:

\*Email

accessaridefl@gmail.com

Position



Business Hours Point-of-Contact

\*Search Contact

Vicioso, Nelseenny



\*Work Phone

407

-

968

-

3291

Ext:

\*Email

accessaridefl@gmail.com

Position

\*User

Vicioso, Nelselenny



\*Work Phone

407

-

968

-

3291

Ext:

\*Email

accessaridefl@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

nv

\*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

nv

### 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

nv

### Section 8.1

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

\*Initials

nv

### Section 8.1

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

\*Initials

nv

### Section 8.1

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




\*Initials

nv

## Vehicles (Form C)

Section 1



Vehicle	Unit Number	Vehicle Tag Number	Vehicle Identification Number(VIN)	Active
 [New]	1	31BVLV	2D8HN44E39R580530	Yes
 [New]	2	40BYIL	2A4GP44RX7R190619	Yes
 [New]	3	PTJX58	2C4RDGBG0KR623206	Yes

**Personnel (Form D)**

Section 1

Personnel ID

User
 

Vicioso, Nelseleenny (none)

- 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



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

Name of Service: ACCESS A RIDE CORP \_\_\_\_\_ 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.	EDWIN MERDADO	M623-200-71-331-0	09-11-2030	09-11-1971	563000
2.	GODOFREDO GONZALEZ GARCIA	G615-717-43-700-0	09/17/28	03/29/1981	563001
3.	FRANKLIN OMAR LORA FELIZ	L614-254-84-179-0	05/19/27	05/19/1984	563002
4.	ALMA YOSSELIN MARQUEZ MARQUEZ	M622-019-88-924-0	11/24/1988	11/24/88	563003
5.	EINAR MIGUEL PEREZ DELGADO	P623-213-83-023-0	01/23/32	01/23/83	563004
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					

☐ 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

CICFL000044-05

Issued Date

04/21/2025 [Today](#)

Expiration Date

04/21/2026 [Today](#)

### \*Insurance Verification

 [Change File](#) PINELLAS COUNTY - ACCESS A RIDE COI.pdf

Name

CABLE INSURANCE COMPANY

Document Type

Insurance Verification 

### Certificate of Incorporation

### \*Certificate of Incorporation

 [Change File](#) Certificate of Incorporation Access a ride.pdf

Name

Certificate of Incorporation

Document Type

Certificate of Incorporation 

### Retail Rate Schedule

### \*Retail Rate Schedule

 [Change File](#) Retail Rate Schedule.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

04/28/2025

[Today](#)

\*Signature

Signed on May 1, 2025 2:54:33 PM by Nelselenny Vicioso





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/21/2025

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).

<b>PRODUCER</b> Cable Underwriters 221 West Oakland Park Boulevard Ft. Lauderdale FL 33311	<b>CONTACT NAME:</b> Cable Underwriters <b>PHONE (A/C, No, Ext):</b> (954) 563-3000 <b>E-MAIL ADDRESS:</b> certificate@cableinsurance.com <b>FAX (A/C, No):</b> <b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> CABLE INSURANCE COMPANY <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	<b>NAIC #</b> 16572
<b>INSURED</b> ACCESS A RIDE CORP 2603 NW 13TH ST STE 210 Gainesville FL 32609		

**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
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SYM 2,8,9 <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS	X	CICFL000044-05	04/20/2025	04/20/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 300,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <b>DED</b> <input type="checkbox"/> <b>RETENTIONS</b> \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) 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: ADDITIONAL INSURED

**CERTIFICATE HOLDER****CANCELLATION**PINELLAS COUNTY, A SUBDIVISION OF THE STATE OF FLOR  
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

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[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Officer/Registered Agent Name](#) /

## Detail by Officer/Registered Agent Name

Florida Profit Corporation

ACCESS A RIDE CORP

### Filing Information

<b>Document Number</b>	P16000065257
<b>FEI/EIN Number</b>	81-3506198
<b>Date Filed</b>	08/05/2016
<b>Effective Date</b>	08/05/2016
<b>State</b>	FL
<b>Status</b>	ACTIVE
<b>Last Event</b>	ARTICLES OF CORRECTION
<b>Event Date Filed</b>	08/18/2016
<b>Event Effective Date</b>	NONE

### Principal Address

2603 NW 13th ST #210  
GAINESVILLE, FL 32609

Changed: 02/07/2020

### Mailing Address

2603 NW 13th ST #210  
GAINESVILLE, FL 32609

Changed: 02/07/2020

### Registered Agent Name & Address

FERRERAS, ANDY  
2603 NW 13th ST #210  
GAINESVILLE, FL 32609

Address Changed: 02/07/2020

### Officer/Director Detail

#### **Name & Address**

Title P

FERRERAS, ANDY  
2603 NW 13TH ST #210  
GAINESVILLE, FL 32609

Title VP

VICIOSO, NELSELENNY A  
2603 NW 13TH ST #210  
GAINESVILLE, FL 32609

Annual Reports

Report Year	Filed Date
2022	03/09/2022
2023	02/16/2023
2024	04/22/2024

Document Images

<a href="#">04/22/2024 – ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">02/16/2023 – ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/09/2022 – ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/14/2021 – ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">02/07/2020 – ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/07/2019 – ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">05/01/2018 – ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/30/2017 – ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">08/18/2016 – Articles of Correction</a>	<a href="#">View image in PDF format</a>
<a href="#">08/05/2016 – Domestic Profit</a>	<a href="#">View image in PDF format</a>





## MARKET PRICING ADDENDUM #1

This Addendum to the Transportation Services Agreement dated May 18<sup>th</sup>, 2021 (“Agreement”), in conjunction with any prior or subsequent duly executed market pricing addendum, shall be used to define the geography within which Carrier agrees to provide Services via the Kaizen Health Platform.

**Section A – Market Definition.** It is acknowledged and understood that the fees outlined in this Addendum are applicable only to Services provided in Pinellas, Alachua, Polk, St Johns, Putnam, Volusia, and Hillsborough Counties (the Florida Market”, incorporated in the underlying Agreement as part of the “Service Area”). Neither Kaizen Health nor any client, partner, or other affiliate of Kaizen Health shall be responsible for transportation costs for trips originating outside the Service Area unless expressly agreed to in writing prior to trip initiation.

**Section B – Applicable Fees.** Transportation Fees during the first twelve (12) months from the date of the last signature below shall be charged in accordance with the table below. If the Fees are not successfully renegotiated in a signed written agreement by Carrier and KH prior to the end of the then-current twelve (12) month period, then the then-existing Fees shall continue in effect until the parties otherwise agree in writing or this Agreement is terminated.

***CARRIER:** In the below table, please enter pricing for each vehicle type and level of service you intend to offer via the Platform (i.e. “\$2.50/mi” or “\$25 load fee and \$1.35/mi”). If you do not have a given vehicle type in your fleet or do not wish to offer the service via the Platform, leave the field blank. See below for definition of vehicle types and service levels.*

	Curb-to-Curb	Door-to-Door	Door-through-Door	Fees
Sedan: Ambulatory	\$25 Load fee plus \$2.75/mi after 10 miles			*Wait time: \$25/hr ** No show fee: \$40 ***Deadhead Mileage fee: \$2.06/mi (75% of loaded mileage)
Deliveries: Controlled Substance/Prescriptions	\$2.75/mi (Only applicable in contracted counties)			
Wheelchair: Standard up to 250lbs	\$50 Load fee plus \$3.25/mi after 5 miles			*Wait Time Fee: \$50/hr. **No show fee: \$60 ***Deadhead Mileage fee \$2.43/mi (75% of loaded mileage)
Wheelchair: XL: 251 lbs. +	\$75 Load fee plus \$3.25/mi after 5 miles			

**\*Wait Time Fee:**

Wait Time Fee is applicable if the Client asks the driver to wait for the End User and is charged in 30-minute increments and applies to all roundtrips out of the counties listed in the Service Area.

**\*\*No Show/Cancellation:**

No Show/Cancellation Fee is applicable if the End User does not show at scheduled pickup time and or location; or cancels less than 1 hour before scheduled pickup.

**\*\*\*Deadhead Mileage:**

Deadhead Mileage is applicable for all rides originating outside of the counties included in the Service Area and is calculated using Google Maps and only applies to the A leg of the trip. The following address will be used to calculate Deadhead Mileage: