



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

Form with fields for Organization Name (NDI Health Services, LLC), Address (13194 US HWY 301 S), Phone (800-515-8028), Officer/Owner (Cho Ndi Forchu), and Notary Public (Dakota R. Wilkinson) information.

**Cover Page**

Application for COPCN

Application for Certificate of Public Convenience and Necessity

Please download and complete this form.

Upload the notarized the COPCN Notary Form here

📎 Change File2025 COPCN Application Page 1 skyline.pdf

**Name**

**Document Type**

Supporting Documents ▼

**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

SKYLINE TRANSPORT

\*Street 1

13194 US HWY 301 S, PMB 116

Street 2

\*Postal Code

33578

City

Tampa

State

Florida

Phone

800 - 515 - 8028

Ext:

Fax

813 - 510 - 5755

\*Hours of operation

6-6

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

Ndiforchu, Cho (564001)

\*Work Phone

813 - 452 - 8403 Ext:

Email

INFOR@SKYLIENTRANSPORTFL.COM

Position

Vice Officer/Director

\*Search Contact

Wilkinson, Dakota 

\*Work Phone

813 - 330 - 0646 Ext:

\*Email

info@skylinetransportfl.com

Position

Business Hours Point-of-Contact

\*Search Contact

Wilkinson, Dakota 

\*Work Phone

813 - 330 - 0646 Ext:

\*Email

info@skylinetransportfl.com

Position

After Hours Point-of-Contact

\*User

Wilkinson, Dakota 

\*Work Phone

813 - 330 - 0646 Ext:

\*Email

info@skylinetransportfl.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

DW

\*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

DW

**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

DW

**Section 8.1**

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

\*Initials

DW

**Section 8.1**

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

\*Initials

DW

**Section 8.1**

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

\*Initials

DW

**Vehicles (Form C)**

Section 1

Vehicle	Unit Number	Vehicle Tag Number	Vehicle Identification Number(VIN)	Active
<a href="#">59266d95-1dba-4e17-b8c4-577e7db2bf63</a>	102		1FBAX2C83PKB28782	Yes
<a href="#">44cbc855-45bb-f011-ac1d-0a0b1a134b9d</a>	106	FPDC33	1FDAX2C82SKA94706	Yes
<a href="#">6f37d2ac-4ef5-4ea9-9403-e24f7063c774</a>	104		1FBAX2CG5MKA21557	Yes
<a href="#">a274ac78-2619-4b1b-97e6-3482a6da1f16</a>	105		1FBAX2C85PKA93792	Yes
<a href="#">6455e5de-0914-f111-93db-d616b5ec8e33</a>	107	42FSKK	1FDAX2C81SKB07574	Yes
<a href="#">b1fc521c-406b-4db9-8bb8-a03411b5bb67</a>	103		1FBAX2CG0MKA65059	Yes
<a href="#">bd2e5cde-01b7-4712-8f0a-3bd8d2562acf</a>	101		1FBAX2C88PKB30334	Yes

**Personnel (Form D)**

Section 1

meggers	User	Position
564005	Caballero Rodriguez, Javier David (564005)	
564008	Garces Martinez, Alberto (564008)	
564002	Joseph, Wolf-Endy (564002)	
564007	Mccarthy, James T (564007)	
564001	Ndiforchu, Cho (564001)	
564006	Pillathu Kavukundil, Shiju (564006)	
564003	Rodriguez Agosto, Gilberto (564003)	
564009	Vega Powell, Adoniran (564009)	
	Wilkinson, Dakota (none)	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

CICFL002608-00

Issued Date

12/18/2025

Today

Expiration Date

12/18/2026

Today

#### \*Insurance Verification

[Change File](#) COI SKYLINE TRANSPORT COI PINELLAS COUNTY 2026.pdf

Name

Insurance Verification

Document Type

Insurance Verification

#### Certificate of Incorporation

#### \*Certificate of Incorporation

[Change File](#) Articles of Incorporation with updated annual report.pdf

Name

Certificate of Incorporation

Document Type

Certificate of Incorporation

#### Retail Rate Schedule

\*Retail Rate Schedule

[Change File](#) Skyline Transport Retail Rate Schedule.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](#) 40563064.pdf

**Name**  
Certification of Fictitious Name

**Document Type**  
Certification of Fictitious Name

**Signature**

Signature

\*Today's Date

04/13/2026 [Today](#)

\*Signature

Signed on Apr 13, 2026 8:00:42 PM by Dakota Wilkinson



**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

10710 N. Connechusett Rd., LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11/01/2022 and assigned Florida document number L22000469395.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

NDI HEALTH SERVICES, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

*(Principal office address MUST BE A STREET ADDRESS)*

13194 US HWY 301S, PMB 116,  
RIVERVIEW, FL 33578

**Enter new mailing address, if applicable:**

*(Mailing address MAY BE A POST OFFICE BOX)*

13194 US HWY 301S, PMB 116  
RIVERVIEW, FL 33578

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

Enter Florida street address

City

Florida

FLORIDA STATE  
TREASURY

2022 FEB 22 PM 1:07

**FILED**

Zip Code

**New Registered Agent's Signature, if changing Registered Agent:**

*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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

RECEIVED  
MAY 22 2007  
OFFICE OF STATE  
SECRETARY



**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000469395

**Entity Name:** NDI HEALTH SERVICES, LLC

**Current Principal Place of Business:**

13194 US HWY 301 S, PMB 116  
RIVERVIEW, FL 33578

**Current Mailing Address:**

13194 US HWY 301 S, PMB 116  
RIVERVIEW, FL 33578 UN

**FEI Number:** 93-3712551

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NDI ENTERPRISES, LLC  
13194 US HWY 301 S, PMB 116  
RIVERVIEW, FL 33578 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** CHO NDIFORCHU

04/12/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           NDI ENTERPRISES, LLC  
Address        13194 US HWY 301 S, PMB 116  
City-State-Zip: RIVERVIEW FL 33578

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CHO NDIFORCHU

OWNER

04/12/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date

**APPLICATION FOR REGISTRATION OF FICTITIOUS NAME**

REGISTRATION# G23000072276

**Fictitious Name to be Registered:** SKYLINE TRANSPORT

**Mailing Address of Business:** 13194 US HWY 301 S, PMB 116  
RIVERVIEW, FL 33578

**Florida County of Principal Place of Business:** HILLSBOROUGH

**FEI Number:**

**FILED  
Jun 14, 2023  
Secretary of State**

**Owner(s) of Fictitious Name:**

NDI HEALTH SERVICES, LLC  
13194 US HWY 301 S, PMB 116  
RIVERVIEW, FL 33578 UN  
Florida Document Number: L22000469395  
FEI Number: 88-4306283

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.

CHO NDIFORCHU

06/14/2023

Electronic Signature(s)

Date

**Certificate of Status Requested ( )**

**Certified Copy Requested ( )**

## **Skyline Transport Retail Rate Schedule**

Effective 4/13/2026

### Standard Retail Rates

- Base Wheelchair Transport (One-Way): Starting at \$60
- Bariatric Wheelchair Transport (One-Way): Starting at \$70
- Loaded Mileage: \$4.00 per mile
- Wait Time: \$50 per hour
- After-Hours / Holiday Surcharge: \$50 per trip segment / each way

### Terms & Conditions / Pricing Disclaimers

- All rates listed are starting rates only and are subject to adjustment based on trip details.
- Final pricing may vary based on factors including, but not limited to:
  - Total mileage
  - Trip complexity
  - Patient weight / mobility limitations
  - Equipment required
  - Stair involvement / environmental challenges
  - Wait time / hold time
  - After-hours, weekend, or holiday scheduling
  - Urgent / short-notice scheduling
  - Special accommodations or service requests
- Additional fees may apply for specialty services, accommodations, or circumstances not expressly listed in this schedule.
- Insurance-authorized transports may be billed at separately contracted insurance or broker rates and may differ from retail pricing.
- Rates are subject to change at any time with notice.
- Quotes provided prior to booking are estimates unless otherwise confirmed in writing.
- Pricing is based on availability and operational capacity at time of booking.
- Skyline Transport reserves the right to modify pricing for trips outside standard service parameters.