


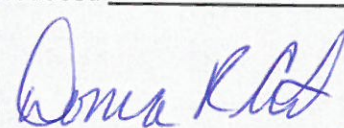
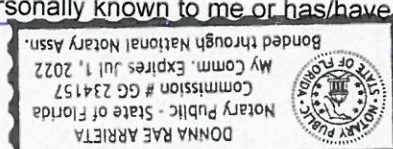
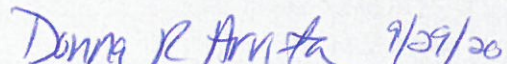




APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

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 Health Sciences Center, Inc. dba Tampa General Hos		HOURS OF OPERATION: <input checked="" type="checkbox"/> 24-HOUR A.M. to <input type="checkbox"/> A.M. / <input type="checkbox"/> P.M.
ADDRESS 1: 1 Tampa General Circle		PHONE: 800-727-1911 or 813-844-7400
ADDRESS 2: PO Box 1289 Tampa, Florida 33601		FAX: 813-844-7153
CITY, STATE, ZIP CODE: Tampa, Florida 33606		
OFFICER/DIRECTOR NAME & TITLE: See attached officer spreadsheet	PHONE NUMBER & E-MAIL:	
VICE OFFICER/DIRECTOR NAME & TITLE:	PHONE NUMBER & E-MAIL:	
BUSINESS HOURS POINT-OF-CONTACT:	PHONE NUMBER & E-MAIL:	
AFTER HOURS POINT-OF-CONTACT:	PHONE NUMBER & E-MAIL:	
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: 9/29/20
STATE OF FLORIDA COUNTY OF Hillsborough		
Subscribed and sworn to (or affirmed) before me this 9/29 by Michelle Moran, who is/are personally known to me or has/have produced as identification.		
<div></div> <div></div>		
(SEAL) 		



**WHEELCHAIR/STRETCHER SERVICE
RECORD KEEPING VERIFICATION FORM**

Pinellas County Rules and Regulations, as Amended

Name of Service: Florida Health Sciences Center, Inc dba Tampa

Date: 9/28/2020

Section	Inspection Items	Initials
8.1	Record all telephone lines when used for requests for transport, including cell phones.* *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.	<u>KK</u> <u> </u>
8.1	Written record contains: <ul style="list-style-type: none">• 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)	<u> </u> <u>KK</u> <u>KK</u> <u>KK</u> <u>KK</u> <u>KK</u> <u>KK</u>
8.1	Audio dispatch records shall be kept for a minimum of six (6) months.	<u>KK</u>
8.1	Written or electronic dispatch shall be kept for a minimum of three (3) years.	<u>KK</u>
8.1	Dispatch audio & written/electronic records shall be available for inspection.	<u>KK</u>

PINELLAS COUNTY EMERGENCY MEDICAL SERVICES
BACKGROUND SCREENING AFFIDAVIT

Both the Applicant and the undersigned duly authorized representative of the Provider Agency hereby certifies and attests the information in this affidavit is true, correct and has been verified, as follows:

Applicant Full Name/Alias:

Florida Health Sciences Center, Inc dba Tampa

Applicant Date of Birth:

N/A

General Hospital, Aeromed

Provider Agency Name/ PCEMS ID:

1. Applicant has attached a color photocopy of a Government Issued Photo Id, a State Photo Identification Card or Driver's License; which was verified by the Provider Agency. Applicant may redact their home address.
2. Provider Agency has conducted or attached a recent (less than forty-five day old) background check meeting one of the following criteria:
 - Florida Agency for Healthcare Administration (AHCA), Florida Department of Children & Families (DCF), or Florida Department of Elder Affairs (DOEA) Level 2 Background Screening Letter of Eligibility; or
 - Florida Department of Law Enforcement (FDLE) Criminal History Record Check (CHRC) Report; or
 - Provider Agency certifies the Provider Agency has run a background check to the greatest extent possible by law and to the Provider Agency's best knowledge Applicant: (1) has not been convicted of a felony, (2) has not been convicted of a misdemeanor directly related to his/her employment, or (3) has not pled nolo contendere to any charge of felony.
3. Applicant has attached their Florida Department of Health License. Provider Agency has verified the license is "CLEAR/ACTIVE" and attached a copy of the current status web inquiry. **Any discipline on file must be attached.** (www.flhealthsource.gov)
4. Provider Agency has verified the Applicant is not listed on the U.S. Department of Health & Human Services Exclusions Database for Medicare providers (exclusions.oig.hhs.gov). Attach a copy of the current status web inquiry.
5. Applicant has provided three (3) personal (non-relative) references who attest to the Applicant's moral character which have been verified by the Provider Agency.

Michele Moran

APPLICANT SIGNATURE AND DATE

PROVIDER AGENCY SIGNATURE AND DATE

Michele Moran

PRINTED NAME

PRINTED NAME

**APPENDIX A
PINELLAS COUNTY EMERGENCY MEDICAL SERVICES
RULES & REGULATIONS
BACKGROUND SCREENING AFFIDAVIT**

Both the Applicant and the undersigned duly authorized representative of the Provider Agency hereby certifies and attests the information in this affidavit is true, correct and has been verified, as follows:

Applicant Full Name/Alias:

Florida Health Sciences Center, Inc dba Tampa General Hospital, Aeromed

Applicant Date of Birth:

N/A

Provider Agency Name/ PCEMS ID:

1. Applicant has attached a color photocopy of a Governmental Issued Photo ID, a State Photo Identification Card or Driver's License; which was verified by the Provider Agency. Applicant may redact their home address.
2. Provider Agency has conducted or attached a recent (less than forty-five day old) background check meeting the following criteria:
 - Florida Agency for Healthcare Administration (AHCA), Florida Department of Children & Families (DCF), or Florida Department of Elder Affairs (DOEA) Level 2 Background Screening Letter of Eligibility; or
 - Florida Department of Law Enforcement (FDLE) Criminal History Record Check (CHRC) Report; or
 - Provider Agency certifies the Provider Agency has run a background check to the greatest extent possible by law and to the Provider Agency's best knowledge Applicant: (1) has not been convicted of a felony, (2) has not been convicted of a misdemeanor directly related to his/her employment, or (3) has not pled nolo contendere to any charge of felony.
3. Applicant has attached their Florida Department of Health License. Provider Agency has verified the license is "CLEAR/ACTIVE" and attached a copy of the current status web inquiry. **Any discipline on file must be attached.** (www.flhealthsource.gov)
4. Provider Agency has verified the Applicant is not listed on the U.S. Department of Health & Human Services Exclusions Database for Medicare providers (exclusions.oig.hhs.gov). Attach a copy of the current status web inquiry.
5. Applicant has provided three (3) personal (non-relative) references who attest to the Applicant's moral character which have been verified by the Provider Agency.

Michelle Moran

APPLICANT SIGNATURE AND DATE

PROVIDER AGENCY SIGNATURE AND DATE

Michelle Moran

APPLICANT PRINTED NAME

PROVIDER AGENCY PRINTED NAME



AEROMED

Name	Title	Address	Phone	E-mail
John Couris	President & CEO	1 Tampa General Circle, Tampa, FL 33606	813-844-4520	Jcouris@tgh.org
Kelly Cullen	Executive Vice President & Chief Operating Officer	1 Tampa General Circle, Tampa, FL 33606	813-844-7135	Kcullen@tgh.org
Michele Moran	Senior Director, Emergency, Trauma Services, and Aeromed Transport Program	1 Tampa General Circle, Tampa, FL 33606	630-272-9482	Mmoran@tgh.org
Mike Stanberry	President, Metro Aviation, Inc.	1214 Hawn Avenue, Shreveport, LA 71107	800-467-5529	mstanberry@metroaviation.com



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

Detail by Entity Name

Florida Not For Profit Corporation
FLORIDA HEALTH SCIENCES CENTER, INC.

Filing Information

Document Number	N97000003941
FEI/EIN Number	59-3458145
Date Filed	07/09/1997
State	FL
Status	ACTIVE
Last Event	CANCEL ADM DISS/REV
Event Date Filed	09/29/2009
Event Effective Date	NONE

Principal Address

TAMPA GENERAL HOSPITAL
ONE TAMPA GENERAL CIRCLE
TAMPA, FL 33606

Changed: 09/29/2009

Mailing Address

TAMPA GENERAL HOSPITAL
PO BOX 1289
TAMPA, FL 33601-1289

Changed: 05/14/2020

Registered Agent Name & Address

JUSTICE, NICOLE, MSJ
ONE DAVIS BLVD - STE. 401
TAMPA, FL 33606

Name Changed: 09/24/2019

Address Changed: 09/24/2019

Officer/Director Detail

Name & Address

Title Immediate Past Chair, Director

BRABSON, JOHN A, Jr.

TAMPA GENERAL HOSPITAL
ONE TAMPA GENERAL CIRCLE
TAMPA, FL 33606

Title Director

MANGAR, DEVANAND, Dr.
TAMPA GENERAL HOSPITAL
ONE TAMPA GENERAL CIRCLE
TAMPA, FL 33606

Title Secretary, Director

MARSHALL, GENE E
TAMPA GENERAL HOSPITAL
ONE TAMPA GENERAL CIRCLE
TAMPA, FL 33606

Title Director

BERNASEK, THOMAS L, Dr.
TAMPA GENERAL HOSPITAL
ONE TAMPA GENERAL CIRCLE
TAMPA, FL 33606

Title Chairman, Director

TOUCHTON, JOHN T, Jr.
TAMPA GENERAL HOSPITAL
ONE TAMPA GENERAL CIRCLE
TAMPA, FL 33606

Title Director

CASPER, BLAKE J
TAMPA GENERAL HOSPITAL
ONE TAMPA GENERAL CIRCLE
TAMPA, FL 33606

Title Treasurer, Director

GRAHAM, DREW
TAMPA GENERAL HOSPITAL
ONE TAMPA GENERAL CIRCLE
TAMPA, FL 33606

Title Director

BUKKAPATNAM, RAVIENDER, Dr.
TAMPA GENERAL HOSPITAL
ONE TAMPA GENERAL CIRCLE
TAMPA, FL 33606

Title VC, Director

DINGLE, PHILLIP S
TAMPA GENERAL HOSPITAL
ONE TAMPA GENERAL CIRCLE
TAMPA, FL 33606

Title Director

SHANAHAN, KATHLEEN
TAMPA GENERAL HOSPITAL
ONE TAMPA GENERAL CIRCLE
TAMPA, FL 33606

Title CEO, President

COURIS, JOHN
TAMPA GENERAL HOSPITAL
ONE TAMPA GENERAL CIRCLE
TAMPA, FL 33606

Title Director

JURINSKI, PATRICIA
TAMPA GENERAL HOSPITAL
ONE TAMPA GENERAL CIRCLE
TAMPA, FL 33606

Title Director

MUMA, LES
TAMPA GENERAL HOSPITAL
ONE TAMPA GENERAL CIRCLE
TAMPA, FL 33606

Title Director

PADHYA, TAPAN, Dr.
TAMPA GENERAL HOSPITAL
ONE TAMPA GENERAL CIRCLE
TAMPA, FL 33606

Title Director

CELESTAN, GREGORY J
TAMPA GENERAL HOSPITAL
ONE TAMPA GENERAL CIRCLE
TAMPA, FL 33606

Title Director

GONZMART, RICHARD
TAMPA GENERAL HOSPITAL
ONE TAMPA GENERAL CIRCLE

ONE IAMPA GENERAL CIRCLE
TAMPA, FL 33606

Annual Reports

Report Year	Filed Date
2018	01/30/2018
2019	04/04/2019
2020	05/14/2020

Document Images

05/14/2020 -- ANNUAL REPORT	View image in PDF format
09/24/2019 -- Reg. Agent Change	View image in PDF format
06/19/2019 -- Reg. Agent Change	View image in PDF format
04/04/2019 -- ANNUAL REPORT	View image in PDF format
01/02/2019 -- Reg. Agent Change	View image in PDF format
10/23/2018 -- Reg. Agent Change	View image in PDF format
03/15/2018 -- Reg. Agent Change	View image in PDF format
01/30/2018 -- ANNUAL REPORT	View image in PDF format
02/23/2017 -- ANNUAL REPORT	View image in PDF format
04/12/2016 -- ANNUAL REPORT	View image in PDF format
04/02/2015 -- ANNUAL REPORT	View image in PDF format
06/10/2014 -- AMENDED ANNUAL REPORT	View image in PDF format
02/28/2014 -- ANNUAL REPORT	View image in PDF format
01/24/2013 -- ANNUAL REPORT	View image in PDF format
01/03/2012 -- ANNUAL REPORT	View image in PDF format
01/14/2011 -- ANNUAL REPORT	View image in PDF format
03/18/2010 -- ANNUAL REPORT	View image in PDF format
09/29/2009 -- REINSTATEMENT	View image in PDF format
05/28/2008 -- ANNUAL REPORT	View image in PDF format
06/06/2007 -- ANNUAL REPORT	View image in PDF format
03/21/2006 -- ANNUAL REPORT	View image in PDF format
08/22/2005 -- ANNUAL REPORT	View image in PDF format
08/09/2005 -- ANNUAL REPORT	View image in PDF format
06/21/2004 -- ANNUAL REPORT	View image in PDF format
06/17/2003 -- ANNUAL REPORT	View image in PDF format
05/27/2003 -- ANNUAL REPORT	View image in PDF format
05/09/2002 -- ANNUAL REPORT	View image in PDF format
09/20/2001 -- Reg. Agent Change	View image in PDF format
02/12/2001 -- ANNUAL REPORT	View image in PDF format
08/28/2000 -- ANNUAL REPORT	View image in PDF format
08/08/2000 -- Amendment	View image in PDF format
01/03/2000 -- Reg. Agent Change	View image in PDF format
06/10/1999 -- ANNUAL REPORT	View image in PDF format
05/08/1998 -- ANNUAL REPORT	View image in PDF format
11/24/1997 -- Reg. Agent Change	View image in PDF format
07/27/1997 -- AMENDMENT	View image in PDF format

Florida Department of State, Division of Corporations



[Previous on List](#) [Next on List](#) [Return to List](#)
[Filing History](#)

Fictitious Name Search

Submit

Fictitious Name Detail

Fictitious Name

TAMPA GENERAL HOSPITAL

Filing Information

Registration Number G03321700153
Status ACTIVE
Filed Date 11/17/2003
Expiration Date 12/31/2023
Current Owners 1
County HILLSBOROUGH
Total Pages 4
Events Filed 3
FE/EIN Number 59-3458145

Mailing Address

ATTN: CHIEF FINANCIAL OFFICER
POST OFFICE BOX 1289
TAMPA, FL 33601

Owner Information

FLORIDA HEALTH SCIENCES CENTER, INC.
1 TAMPA GENERAL CIRCLE
TAMPA, FL 33606
FE/EIN Number: 59-3458145
Document Number: N97000003941

Document Images

[11/17/2003 -- REGISTRATION](#)

View image in PDF format

[08/30/2018 -- Fictitious Name Renewal Filing](#)

View image in PDF format

[06/10/2013 -- Fictitious Name Renewal Filing](#)

View image in PDF format

[12/12/2008 -- RENEWAL](#)

View image in PDF format

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[Filing History](#)

Fictitious Name Search

Submit



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[Filing History](#)

Fictitious Name Search

Fictitious Name Detail

Fictitious Name

AEROMED

Filing Information

Registration Number G13000052453
Status ACTIVE
Filed Date 06/04/2013
Expiration Date 12/31/2023
Current Owners 1
County HILLSBOROUGH
Total Pages 2
Events Filed 1
FEI/EIN Number NONE

Mailing Address

ONE TAMPA GENERAL CIRCLE
TAMPA, FL 33606

Owner Information

FLORIDA HEALTH SCIENCES CENTER, INC.
ONE TAMPA GENERAL CIRCLE
TAMPA, FL 33606
FEI/EIN Number: 59-3458145
Document Number: N97000003941

Document Images

[06/04/2013 -- Fictitious Name Filing](#)

[04/09/2018 -- Fictitious Name Renewal Filing](#)

[Previous on List](#) [Next on List](#) [Return to List](#)
[Filing History](#)

Fictitious Name Search



AEROMED

January 1, 2020

To Whom It May Concern:

Aeromed is dedicated to keeping our rates, fares, and charges competitive and aligned with national air medical industry standards. We have benchmarked with other air transport programs and find that our rates are below the national average. Current Aeromed rates and charges have will remain as follows:

Lift off: \$ 20,669.00

Loaded statute mileage rate: \$ 207.00

We provide this notification as we continue to provide quality professional service to our customers.

Sincerely,

Michele Moran MBA, MSN, RN
Senior Director, Emergency Department, Brandon Healthplex ED, Trauma Services,
And Aeromed Transport Program
Tampa General Hospital
Mmoran@tgh.org
(813)844-3232

We Heal. We Teach. We Innovate.
Care for everyone. Every day.





**STATE OF FLORIDA
DEPARTMENT OF HEALTH
BUREAU OF EMERGENCY MEDICAL OVERSIGHT**

AIR AMBULANCE SERVICE LICENSE

This is to certify FLORIDA HEALTH SCIENCES CENTER, INC DBA TAMPA GENERAL HOSPITAL, AEROMED Provider Number # 2905
Name of Provider

1 TAMPA GENERAL CIRCLE TAMPA, FLORIDA 33606
Address

has complied with Chapter 401, Florida Statutes, and Chapter 64J-1, Florida Administrative Code, and is authorized to operate as an Air Ambulance Service subject to any and all limitations specified in the applicable Certificate(s) of Public Convenience and Necessity and/or Mutual Aid Agreements for the County(s) listed below:

CHARLOTTE, CITRUS, DESOTO, GLADES, HARDEE, HIGHLANDS, HILLSBOROUGH,
MANATEE, OKEECHOBEE, PASCO, PINELLAS, POLK, SARASOTA,
County(s)

A handwritten signature in black ink, reading "Steve A. McCoy", is positioned above the printed name and title of the Emergency Medical Services Administrator.

Steve A. McCoy
Emergency Medical Services Administrator
Florida Department of Health

THIS CERTIFICATE EXPIRES ON: 01/17/2022

This certificate shall be posted in the above mentioned establishment

Emergency Medical Services License Application Profile Report

PROVIDER DATA

<u>Name:</u>	FL HEALTH SCIENCES CTR, INC. DBA TAMPA GENERAL HOSPITAL, AEROMED	<u>ID NUMBER:</u>	2905	<u>Phone:</u>	813-844-7400
<u>Manager Name:</u>	Michele Moran, Senior Director	<u>COUNTY:</u>	HILLSBOROUGH	<u>Fax:</u>	813-844-5773
<u>Mailing Address:</u>	1 Tampa General Circle TAMPA, FL 33606	<u>Service Type</u>	Email: mmoran@tgh.org		
<u>Physical Address:</u>	1 Tampa General Circle TAMPA, FL 33606	Private Hospital Based Non-Profit			

LICENSE DATA

<u>Certification Number:</u>	709	<u>Date Issued:</u>	12/09/2019	<u>Expires:</u>	01/17/2022
<u>Status:</u>	Clear				
<u>Service Type:</u>	AIR Ambul	<u>Amount Required:</u>	\$1,500.00	<u>Amount paid:</u>	\$1,500.00

PRIMARY MEDICAL DIRECTOR DATA

<u>Name:</u>	LEFEBRE, JULIANA DO	<u>License Number:</u>	OS 13135	<u>License Expires:</u>	03/31/2022
<u>Phone:</u>		<u>DEA Reg. #:</u>	FL807435	<u>DEA Reg. Expires:</u>	03/31/2022
<u>Address:</u>	1 Davis Blvd. TAMPA FL 33606	<u>Contract End Date:</u>	12/31/2020		

CONDARY MEDICAL DRIECTOR DATA

<u>Name:</u>	<u>License Number:</u>	<u>License Expires:</u>
<u>Phone:</u>	<u>DEA Reg. #:</u>	<u>DEA Reg. Expires:</u>
<u>Address:</u>	<u>Contract End Date:</u>	

INSURANCE DATA

Insurance Company	Type of Insurance	Insurance Expiration Date
Safety National Casualty Corp.	Professional Liability	06/01/2021
STARR	Aircraft Liability	09/01/2021

SERVICE AREA DATA

County of Service	Date Certificate of Public Convenience and Necessity Expires
Desoto	01/01/1901
Glades	01/01/1901
Hardee	01/01/1901
Highlands	11/05/2021
Hillsborough	09/01/2022
Manatee	01/01/1901
Okeechobee	09/30/2020
Pasco	06/01/2021
Pinellas	12/31/2020
Sarasota	01/01/1901
Polk	08/21/2023
Charlotte	11/27/2022
Citrus	09/30/2024

VEHICLE DATA

Permit #	Type	Sub-Type	Make	Model	Year	License Status	Issue Date	Vehicle Identifier	Permit Fee
1732	AIR	IP	MMB	BK 117	1993	Clear	09/04/2013	N911TG	25.00
1744	AIR	IP	Bell	407	2012	Clear	12/31/2013	N922TG	25.00
1745	AIR	IP	BELL	407	2012	Clear	12/31/2013	N933TG	25.00
1746	AIR	IP	BELL	407	2012	Clear	12/31/2013	N944TG	25.00
1747	AIR	IP	BELL	407	2012	Clear	12/31/2013	N955TG	25.00

Count of vehicles with status of "Issued"

Total	BLS	ALS (Transport)	ALS (Non-Transport)	AIR
5	0	0	0	5

The Board of Directors of



Commission on Accreditation of Medical Transport Systems

hereby awards accreditation to

TAMPA GENERAL HOSPITAL AEROMED

From April 8, 2019 to April 8, 2022

Presented in recognition for substantial compliance with CAMTS Accreditation Standards in quality care and safety for patients requiring medical transport in the following categories:

Modes of Transport

- ☐ Fixed Wing
- ☒ Rotorwing
- ☐ Surface Critical Care
- ☐ Ground ALS
- ☐ Ground BLS
- ☐ Medical Escort

Patient Types

(Care and Transport)

- ☒ Adult
- ☒ PICU
- ☒ IABP
- ☒ Perinatal
- ☒ Neonatal

- ☒ ECMO
- ☐ Inhaled Nitric Oxide (INO)

Patient Types

(Transport Only)

- ☐ Adult
- ☐ PICU
- ☐ IABP
- ☐ Perinatal
- ☐ Neonatal

- ☐ ECMO
- ☐ Inhaled Nitric Oxide (INO)

Levels of Service

- ☒ Emergency Critical Care
- ☐ Intensive Critical Care
- ☒ Specialty Care
- ☐ ALS (Air)
- ☐ ALS (Ground)
- ☐ BLS (Ground)

**The Medical Transport Service is granted this Certificate of Accreditation
by the authority of**

Commission on Accreditation of Medical Transport Systems

An organization with equal representation from each of the following member organizations:

Aerospace Medical Association
Air Medical Operators Association
Air Medical Physicians Association
Air & Surface Transport Nurses Association
American Academy of Pediatrics
American Association of Critical Care Nurses
American Association of Respiratory Care
American College of Emergency Physicians
American College of Surgeons
Association of Air Medical Services
Association of Critical Care Transport

Emergency Nurses Association
European HEMS and Air Ambulance Committee
International Association of Flight and Critical Care Paramedics
International Association of Medical Transport Communications Specialists
National Air Transportation Association
National Association of EMS Physicians
National Association of Neonatal Nurses
National Association of State EMS Officials
National EMS Pilots Association
United States Transportation Command

The Commission on Accreditation of Medical Transport Systems is dedicated to improving the quality of patient care and safety of the transport environment for services providing rotorwing, fixed wing and surface transport systems.

Chair

Secretary

Executive Director



GLOBAL INSURANCE & INVESTMENTS
3353 Peachtree Road, N.E., Suite 1000
Atlanta, GA 30326

CERTIFICATE OF INSURANCE

CERTIFICATE HOLDER: FLORIDA HEALTH SCIENCES CENTER INC.
D/B/A TAMPA GENERAL HOSPITAL AEROMED
P. O. BOX 1289
TAMPA, FL 33601

NAMED INSURED: METRO AVIATION, INC.
PO BOX 7008
SHREVEPORT, LA 71137

POLICY PERIOD: 09/01/2020 to 09/01/2021

INSURANCE COMPANY(IES): STARR INDEMNITY AND LIABILITY COMPANY THROUGH STARR AVIATION AGENCY, INC. (36% LEAD)

This is to certify that the policy(ies) listed herein have been issued providing coverage for the listed insured as further described. This certificate of insurance is not an insurance policy and does not amend, extend, or alter the coverage afforded by the policy(ies) listed herein. Notwithstanding any requirement, term or condition of any contract, or other document with respect to which this certificate of insurance may be concerned or may pertain, the Insurance afforded by the policy(ies) listed on this certificate is subject to all the terms, exclusions, and conditions of such policy(ies).

AIRCRAFT PHYSICAL DAMAGE COVERAGE

LEAD POLICY NO.: SASICOM60005720-11ALL

RISKS, GROUND & IN-FLIGHT

REGISTRATION NUMBER	YEAR	MAKE & MODEL	INSURED VALUE	DEDUCTIBLES: NOT IN-MOTION	IN-MOTION INGESTION MOORED
N922TG (SN 54375)		Bell 407	AS HELD ON FILE		
N933TG (SN 54376)		Bell 407	AS HELD ON FILE		
N944TG (SN 54377)		Bell 407	AS HELD ON FILE		
N955TG (SN 54379)		Bell 407	AS HELD ON FILE		
N911TG (SN 7506)		BK 117 C1	AS HELD ON FILE		

AND ALL OTHER SCHEDULED AIRCRAFT

AIRCRAFT LIABILITY COVERAGE

LEAD POLICY NO.: SASICOM60005720-11

WITH RESPECT TO: THE ABOVE REFERENCED AIRCRAFT

LIABILITY COVERAGES

LIMITS OF LIABILITY

Bodily Injury Excluding Passengers
Property Damage
Passenger Bodily Injury
Single Limit Including Passengers,
With Passenger Liability Limited To

EACH PERSON
\$
\$ XXXX
\$
\$ XXXX
\$

EACH OCCURRENCE
\$
\$
\$
\$50,000,000
\$ XXXX

AVIATION COMMERCIAL GENERAL LIABILITY COVERAGE

LEAD POLICY NO.: SASICOM60035020-10

LIABILITY COVERAGES:

LIMITS OF LIABILITY

General Aggregate Limit
Each Occurrence Limit
Products/Completed Operations Aggregate Limit
Personal & Advertising Injury Aggregate Limit
Premises Medical Payments (any one person)
Fire Legal Liability (any one fire)
Hangarkeepers Liability
Hangarkeepers Deductible

N/A
\$50,000,000
\$50,000,000
\$25,000,000
\$25,000
\$1,000,000
\$50,000,000
\$25,000

each aircraft \$50,000,000 each loss
each aircraft

OTHER COVERAGES/CONDITIONS/REMARKS:

- The Certificate Holder is included as an Additional Insured on liability coverage(s), but only with respect to operations of the Named Insured.
- The Company hereby waives its right of subrogation against the Certificate Holder as respects loss or damage arising under Physical Damage coverage as set forth under this policy.

FOR INFORMATIONAL PURPOSES ONLY.

ANY INSURANCE EVIDENCED HEREIN THAT IS EXTENDED BEYOND COVERAGE PROVIDED TO THE NAMED INSURED SHALL NOT APPLY TO, AND NO PERSON OR ORGANIZATION TO WHOM SUCH EXTENDED COVERAGE APPLIES SHALL BE INSURED FOR BODILY INJURY OR PROPERTY DAMAGE WHICH ARISES FROM THE DESIGN, MANUFACTURE, MODIFICATION, REPAIR, SALE, OR SERVICING OF THE AIRCRAFT, AIRCRAFT PARTS, OR ANY OTHER PRODUCT BY THAT PERSON OR ORGANIZATION.

CERTIFICATE NO.: 191

DATE: 09/01/2020

BY: 



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/28/2020

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 MARSH MANAGEMENT SERVICES CAYMAN, LTD. 23 LIME TREE BAY AVE., BUILDING 4, 2 ND FLOOR P.O. BOX 1051 GT GRAND CAYMAN, KY1-1102 CAYMAN ISLANDS	CONTACT NAME: PIERRE, AMPARADO PHONE (A/C, NO, EXT): 345-914-5718 E-MAIL: AJONES@BBHIP.COM ADDRESS: AJONES@BBHIP.COM	FAX (A/C, NO): 345-914-7849
INSURED FLORIDA HEALTH SCIENCES CENTER, INC. DBA TAMPA GENERAL HOSPITAL DAVIS ISLAND, 1 TAMPA GENERAL CIRCLE TAMPA, FL 33601	INSURER(S) AFFORDING COVERAGE INSURER A: FLORIDA HEALTH SCIENCES CENTER, LTD. 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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GENERAL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	FHSSIR202021-11	06/01/2020	06/01/2021	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	<input type="checkbox"/>	<input type="checkbox"/>				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE RETENTION \$	<input type="checkbox"/>	<input type="checkbox"/>				EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	<input type="checkbox"/>				WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	MEDICAL PROFESSIONAL LIABILITY - CLAIMS MADE RETROACTIVE DATE 10/01/97	<input type="checkbox"/>	<input type="checkbox"/>	FHSSIR202021-11	06/01/2020	06/01/2021	\$ 2,000,000 PER LOSS EVENT \$ 3,000,000 ANNUAL AGGREGATE

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

Metro Aviation, Inc. and Tampa General Hospital are included as additional insureds on the general liability policy as required by written contract. A waiver of subrogation applies in favor of Metro Aviation Inc. and Tampa General Hospital.

CERTIFICATE HOLDER**CANCELLATION**

Metro Aviation, Inc.
1214 Hawn Avenue
Shreveport, LA 71107

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

Marsh Management Services Cayman, Ltd

Certificate of Insurance

To: EVIDENCE OF INSURANCE FOR
Florida Health Sciences Center, Inc.
1 Tampa General Circle
Tampa FL 33606



Assured: Florida Health Sciences Center Inc
PO Box 1289
Tampa FL 33601

This is to certify that the policies of insurance listed below have been issued to the Assured 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.

Type Of Insurance	Policy Number	Policy Term	Policy Limits/Values
Insurance Company(ies)	National Union Fire Ins Co of Pittsburgh		
AD&D	GTP0009154949	6/1/2018 - 6/1/2021	USD 2,000,000

Special Conditions: For Informational Purposes Only

The subscribing insurers' obligations under contracts of insurance to which they subscribe are several and not joint and are limited solely to the extent of their individual subscriptions. The subscribing insurers are not responsible for the subscription of any co-subscribing insurer who for any reason does not satisfy all or part of its obligations.

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy(ies) shown hereon. Should any of the above described policies be canceled before the expiration date thereof, notice will be delivered in accordance with the policy provisions.

Aon Risk Services, Inc of Florida

Date 07/31/2018

By Aon Risk Services Inc. of Florida

Certificate Number: 31471824722

- 1 -



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/28/2020

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
Alliant Insurance Services, LLC
5444 Westheimer
Suite 900
Houston TX 77056

CONTACT NAME: Credentialing Department
PHONE (A/C, No, Ext): 800-342-2898
FAX (A/C, No):
E-MAIL ADDRESS: claimhistoryrequest@teamhealth.com

INSURED
Inphynet Contracting Services, LLC
265 Brookview Centre Way, Suite 400
Knoxville, TN 37919

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Doctors Company, An Interinsur	34495
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

COVERAGES

CERTIFICATE NUMBER: 1406605747

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
	COMMERCIAL GENERAL LIABILITY					
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR					EACH OCCURRENCE \$
						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
						MED EXP (Any one person) \$
						PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					PRODUCTS - COMP/OP AGG \$
	OTHER:					\$
	AUTOMOBILE LIABILITY					
	<input type="checkbox"/> ANY AUTO					COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY					BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY					BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
						\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR					EACH OCCURRENCE \$
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. EACH ACCIDENT \$
A	Medical Professional Liability (Claims Made Coverage)		2120188	6/1/2020	6/1/2021	E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ Incident Aggregate \$250,000 \$750,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The policy (ies) provides coverage for all medical professionals employed or contracted by the above insured only for medical professional services provided for or on behalf of the insured.
LEFEBRE, JULIANA, DO

CERTIFICATE HOLDER

CANCELLATION 30

AEROMED
1 TAMPA GENERAL CIR
TAMPA FL 33606-3571

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



A E R O M E D

Aircraft	Address	City	State	Zip	Coordinates	Hrs of Operation	Staffing
Aeromed 1	1 Tampa General Circle	Tampa	FL	33606	27 56.36N 082 27.56W	24/7	Flight RN/EMTP, Flight EMTP
Aeromed 2	29536 Flying Fortress Lane, Suite 2	Sebring	FL	33870	27 27.29N 081 20.79W	24/7	Flight RN/EMTP, Flight EMTP
Aeromed 4	Bartow Municipal Airport, 4333 Echo Drive	Bartow	FL	33830	27 56.85N 081 46.95W	24/7	Flight RN/EMTP, Flight EMTP
Aeromed 5	Charlotte County Fire Rescue Station 7, 27437 Mooney Avenue	Punta Gorda	FL	33982	26 55.29N 082 00.02W	24/7	Flight RN/EMTP, Flight EMTP

2/26/2020




AEROMED

Make	Base	Model	Year of Manufacture	Permit #	FAA Registration/Tail #	Serial #	Color Scheme
Eurocopter	Aeromed 1/TGH	BK 117 C	1993	1732	N911TG	7506	blue/gold
Bell Helicopter	Aeromed 2/Sebring	407 GX	2012	1744	N922TG	54375	blue/gold
Bell Helicopter	Back up aircraft	407 GX	2012	1745	N933TG	54376	blue/gold
Bell Helicopter	Aeromed 4/Bartow	407 GX	2012	1746	N944TG	54377	blue/gold
Bell Helicopter	Aeromed 5/Punta Gorda	407 GX	2012	1747	N955TG	54379	blue/gold

3.1.2018

N933TG is the
dedicated back up
aircraft for the
Aeromed program.

REGISTRATION NOT TRANSFERABLE

UNITED STATES OF AMERICA DEPARTMENT OF TRANSPORTATION - FEDERAL AVIATION ADMINISTRATION CERTIFICATE OF AIRCRAFT REGISTRATION		This certificate must be in the aircraft when operated.
NATIONALITY AND REGISTRATION MARKS N 911TG		AIRCRAFT SERIAL NO. 7506
MANUFACTURER AND MANUFACTURER'S DESIGNATION OF AIRCRAFT EUROCOPTER DEUTSCHLAND GMBH MBB-BK 117 C-1		
ICAO Aircraft Address Code: 53116022		
I S S U E D T O	FLORIDA HEALTH SCIENCES INC DBA TAMPA GENERAL HOSPITAL 1 TAMPA GENERAL CIR TAMPA FL 33606-3571 Corporation	This certificate is issued for registration purposes only and is not a certificate of title. The Federal Aviation Administration does not determine rights of ownership as between private persons.
	 <p>U.S. Department of Transportation Federal Aviation Administration</p>	
It is certified that the above described aircraft has been entered on the register of the Federal Aviation Administration, United States of America, in accordance with the Convention on International Civil Aviation dated December 7, 1944, and with Title 49, United States Code, and regulations issued thereunder.		
DATE OF ISSUE December 21, 2009 EXPIRATION DATE March 31, 2022		ACTING ADMINISTRATOR <i>OKELM</i>

AC Form 8050-3 (10/2010) Supersedes previous editions

(CUT ON DOTTED LINE)

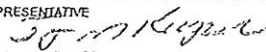
UNITED STATES OF AMERICA
DEPARTMENT OF TRANSPORTATION-FEDERAL AVIATION ADMINISTRATION
STANDARD AIRWORTHINESS CERTIFICATE

1 NATIONALITY AND REGISTRATION MARKS	2 MANUFACTURER AND MODEL	3 AIRCRAFT SERIAL NUMBER	4 CATEGORY
N922TG	Bell Helicopter Textron Canada Ltd 407	54375	Normal

⁵ AUTHORITY AND BASIS FOR ISSUANCE: This airworthiness certificate is issued pursuant to the Federal Aviation Act of 1958 and certifies that, as of the date of issuance, the aircraft to which issued has been inspected and found to conform to the type certificate therefor, to be in condition for safe operation, and has been shown to meet the requirements of the applicable comprehensive and detailed airworthiness code as provided by Annex 8 to the Convention on International Civil Aviation, except as noted herein. Exceptions:

NONE

⁶ TERMS AND CONDITIONS: Unless sooner surrendered, suspended, revoked, or a termination date is otherwise established by the Administrator, this airworthiness certificate is effective as long as the maintenance, preventative maintenance, and alterations are performed in accordance with Parts 21, 43, and 91 of the Federal Aviation Regulations, as appropriate, and the aircraft is registered in the United States.

DATE OF ISSUANCE	FAA REPRESENTATIVE	DESIGNATION NUMBER
(R) Nov. 28, 2012	 Jerry M. Keyser	DART-830547-EA

Any alteration, reproduction, or misuse of this certificate may be punishable by a fine not exceeding \$1,000 or imprisonment not exceeding 3 years or both.
THIS CERTIFICATE MUST BE DISPLAYED IN THE AIRCRAFT IN ACCORDANCE WITH APPLICABLE FEDERAL AVIATION REGULATIONS.

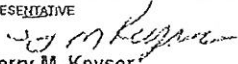
UNITED STATES OF AMERICA
DEPARTMENT OF TRANSPORTATION-FEDERAL AVIATION ADMINISTRATION
STANDARD AIRWORTHINESS CERTIFICATE

1 NATIONALITY AND REGISTRATION MARKS	2 MANUFACTURER AND MODEL	3 AIRCRAFT SERIAL NUMBER	4 CATEGORY
N933TG	Bell Helicopter Textron Canada Ltd 407	54376	Normal

⁵ AUTHORITY AND BASIS FOR ISSUANCE: This airworthiness certificate is issued pursuant to the Federal Aviation Act of 1958 and certifies that, as of the date of issuance, the aircraft to which issued has been inspected and found to conform to the type certificate therefor, to be in condition for safe operation, and has been shown to meet the requirements of the applicable comprehensive and detailed airworthiness code as provided by Annex 8 to the Convention on International Civil Aviation, except as noted herein. Exceptions:

NONE

⁶ TERMS AND CONDITIONS: Unless sooner surrendered, suspended, revoked, or a termination date is otherwise established by the Administrator, this airworthiness certificate is effective as long as the maintenance, preventative maintenance, and alterations are performed in accordance with Parts 21, 43, and 91 of the Federal Aviation Regulations, as appropriate, and the aircraft is registered in the United States.

DATE OF ISSUANCE	FAA REPRESENTATIVE	DESIGNATION NUMBER
(R) Nov. 28, 2012	 Jerry M. Keyser	DART-830547-EA

Any falsification, reproduction, or misuse of this certificate may be punishable by a fine not exceeding \$1,000 or imprisonment not exceeding 3 years or both.
THIS CERTIFICATE MUST BE DISPLAYED IN THE AIRCRAFT IN ACCORDANCE WITH APPLICABLE FEDERAL AVIATION REGULATIONS.

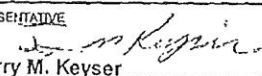
UNITED STATES OF AMERICA
DEPARTMENT OF TRANSPORTATION-FEDERAL AVIATION ADMINISTRATION
STANDARD AIRWORTHINESS CERTIFICATE

1 NATIONALITY AND REGISTRATION MARKS N944TG	2 MANUFACTURER AND MODEL Bell Helicopter Textron Canada Ltd 407	3 AIRCRAFT SERIAL NUMBER 54377	4 CATEGORY Normal
--	---	---	-----------------------------

⁵ AUTHORITY AND BASIS FOR ISSUANCE: This airworthiness certificate is issued pursuant to the Federal Aviation Act of 1958 and certifies that, as of the date of issuance, the aircraft to which issued has been inspected and found to conform to the type certificate therefor, to be in condition for safe operation, and has been shown to meet the requirements of the applicable comprehensive and detailed airworthiness code as provided by Annex 8 to the Convention on International Civil Aviation, except as noted herein. Exceptions:

NONE

⁶ TERMS AND CONDITIONS: Unless sooner surrendered, suspended, revoked, or a termination date is otherwise established by the Administrator, this airworthiness certificate is effective as long as the maintenance, preventative maintenance, and alterations are performed in accordance with Parts 21, 43, and 91 of the Federal Aviation Regulations, as appropriate, and the aircraft is registered in the United States.

DATE OF ISSUANCE (R) Dec. 05, 2012	FAA REPRESENTATIVE  Jerry M. Keyser	DESIGNATION NUMBER DART-830547-EA
--	---	---

Any alteration, reproduction, or misuse of this certificate may be punishable by a fine not exceeding \$1,000 or imprisonment not exceeding 3 years or both.
THIS CERTIFICATE MUST BE DISPLAYED IN THE AIRCRAFT IN ACCORDANCE WITH APPLICABLE FEDERAL AVIATION REGULATIONS.

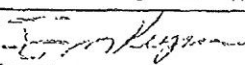
UNITED STATES OF AMERICA
DEPARTMENT OF TRANSPORTATION-FEDERAL AVIATION ADMINISTRATION
STANDARD AIRWORTHINESS CERTIFICATE

1 NATIONALITY AND REGISTRATION MARKS	2 MANUFACTURER AND MODEL	3 AIRCRAFT SERIAL NUMBER	4 CATEGORY
N955TG	Bell Helicopter Textron Canada Ltd 407	54379	Normal

⁵ **AUTHORITY AND BASIS FOR ISSUANCE:** This airworthiness certificate is issued pursuant to the Federal Aviation Act of 1958 and certifies that, as of the date of issuance, the aircraft to which issued has been inspected and found to conform to the type certificate therefor, to be in condition for safe operation, and has been shown to meet the requirements of the applicable comprehensive and detailed airworthiness code as provided by Annex 8 to the Convention on International Civil Aviation, except as noted herein. Exceptions:

NONE

⁶ **TERMS AND CONDITIONS:** Unless sooner surrendered, suspended, revoked, or a termination date is otherwise established by the Administrator, this airworthiness certificate is effective as long as the maintenance, preventative maintenance, and alterations are performed in accordance with Parts 21, 43, and 91 of the Federal Aviation Regulations, as appropriate, and the aircraft is registered in the United States.

DATE OF ISSUANCE	FAA REPRESENTATIVE	DESIGNATION NUMBER
(R) Dec. 12, 2012	 Jerry M. Keyser	DART-830547-EA

Any falsification, reproduction, or misuse of this certificate may be punishable by a fine not exceeding \$1,000 or imprisonment not exceeding 3 years or both.
THIS CERTIFICATE MUST BE DISPLAYED IN THE AIRCRAFT IN ACCORDANCE WITH APPLICABLE FEDERAL AVIATION REGULATIONS.



**Federal Aviation
Administration**

**U.S Department of Transportation
Federal Aviation Administration
Airman Details Report**

Personal Information:

STEPHEN LIVINGSTON ALEXANDER

341 46TH AVE N
SAINT PETERSBURG FL 33703-3968
County: PINELLAS
Country: USA

Medical Information:

Medical Class: Second **Medical Date:** 9/2020
MUST WEAR CORR LENSES & POSSESS GLASSES FOR NEAR & INTRM VISION.
BasicMed Course Date: None **BasicMed CMEC Date:** None

Certificate Information:

Certificate: AIRLINE TRANSPORT PILOT
Date of Issue: 11/19/2008

Ratings:

AIRLINE TRANSPORT PILOT
AIRPLANE MULTIENGINE LAND
COMMERCIAL PRIVILEGES
AIRPLANE SINGLE ENGINE LAND
ROTORCRAFT-HELICOPTER
INSTRUMENT HELICOPTER

Limits:

ENGLISH PROFICIENT.



**Federal Aviation
Administration**

**U.S Department of Transportation
Federal Aviation Administration
Airman Details Report**

Personal Information:

MARK GERARD BOUDREAU

14327 MAGNOLIA RIDGE LOOP
WINTER GARDEN FL 34787-5362

County: ORANGE

Country: USA

Medical Information:

Medical Class: Second **Medical Date:** 12/2019

NOT VALID FOR ANY CLASS AFTER 12/31/2020.

BasicMed Course Date: None **BasicMed CMEC Date:** None

Certificate Information:

Certificate: COMMERCIAL PILOT

Date of Issue: 4/20/2018

Ratings:

COMMERCIAL PILOT

AIRPLANE SINGLE ENGINE LAND

AIRPLANE MULTIENGINE LAND

ROTORCRAFT-HELICOPTER

INSTRUMENT AIRPLANE AND HELICOPTER

Limits:

ENGLISH PROFICIENT.



**Federal Aviation
Administration**

**U.S Department of Transportation
Federal Aviation Administration
Airman Details Report**

Personal Information:

STEVEN LYNN BOONE

7517 226TH ST E
BRADENTON FL 34211-6407

County: MANATEE

Country: USA

Medical Information:

Medical Class: Second **Medical Date:** 8/2020

BasicMed Course Date: None **BasicMed CMEC Date:** None

Certificate Information:

Certificate: COMMERCIAL PILOT

Date of Issue: 12/11/2014

Ratings:

COMMERCIAL PILOT

ROTORCRAFT-HELICOPTER

INSTRUMENT HELICOPTER

PRIVATE PRIVILEGES

AIRPLANE SINGLE ENGINE LAND

INSTRUMENT AIRPLANE

Limits:

ENGLISH PROFICIENT.



**Federal Aviation
Administration**

**U.S Department of Transportation
Federal Aviation Administration
Airman Details Report**

Personal Information:

DAVID MICHAEL DENNISON

2911 TIMBER KNOLL DR

VALRICO FL 33596-5666

County: HILLSBOROUGH

Country: USA

Medical Information:

Medical Class: Second **Medical Date:** 1/2020

BasicMed Course Date: None **BasicMed CMEC Date:** None

Certificate Information:

Certificate: COMMERCIAL PILOT

Date of Issue: 8/21/2014

Ratings:

COMMERCIAL PILOT

AIRPLANE SINGLE ENGINE LAND

ROTORCRAFT-HELICOPTER

INSTRUMENT AIRPLANE AND HELICOPTER

Limits:

ENGLISH PROFICIENT.



**Federal Aviation
Administration**

**U.S Department of Transportation
Federal Aviation Administration
Airman Details Report**

Personal Information:

TED OWEN EDGAR

1009 GREENWAY TER
SEBRING FL 33876-7643

County: HIGHLANDS

Country: USA

Medical Information:

Medical Class: Second **Medical Date:** 12/2019

MUST WEAR CORRECTIVE LENSES.

BasicMed Course Date: None **BasicMed CMEC Date:** None

Certificate Information:

Certificate: COMMERCIAL PILOT

Date of Issue: 7/16/2019

Ratings:

COMMERCIAL PILOT

ROTORCRAFT-HELICOPTER

INSTRUMENT HELICOPTER

Type Ratings:

C/BV-107

Limits:

ENGLISH PROFICIENT.



**Federal Aviation
Administration**

**U.S Department of Transportation
Federal Aviation Administration
Airman Details Report**

Personal Information:

WILLIAM THOMAS HEBER

6912 176TH PL

TINLEY PARK IL 60477-3841

County: COOK

Country: USA

Medical Information:

Medical Class: First **Medical Date:** 1/2020

MUST WEAR CORRECTIVE LENSES.

BasicMed Course Date: None **BasicMed CMEC Date:** None

Certificate Information:

Certificate: COMMERCIAL PILOT

Date of Issue: 12/23/2013

Ratings:

COMMERCIAL PILOT

ROTORCRAFT-HELICOPTER

INSTRUMENT HELICOPTER

Limits:

ENGLISH PROFICIENT.



**Federal Aviation
Administration**

**U.S Department of Transportation
Federal Aviation Administration
Airman Details Report**

Personal Information:

KARL DAVID JOLLY

705 FIELDER BLVD
SEBRING FL 33870-2926
County: HIGHLANDS
Country: USA

Medical Information:

Medical Class: Second **Medical Date:** 12/2019

MUST WEAR CORRECTIVE LENSES.

BasicMed Course Date: None **BasicMed CMEC Date:** None

Certificate Information:

Certificate: AIRLINE TRANSPORT PILOT

Date of Issue: 6/25/2011

Ratings:

AIRLINE TRANSPORT PILOT

ROTORCRAFT-HELICOPTER

COMMERCIAL PRIVILEGES

AIRPLANE SINGLE ENGINE LAND

INSTRUMENT AIRPLANE

Type Ratings:

A/BH-206 A/BV-107

Limits:

ENGLISH PROFICIENT.



**Federal Aviation
Administration**

**U.S Department of Transportation
Federal Aviation Administration
Airman Details Report**

Personal Information:

KEVIN PATRICK KENNEY

5750 OLD RANCH RD
SARASOTA FL 34241-9774
County: SARASOTA
Country: USA

Medical Information:

Medical Class: Second **Medical Date:** 12/2019

BasicMed Course Date: None **BasicMed CMEC Date:** None

Certificate Information:

Certificate: COMMERCIAL PILOT

Date of Issue: 3/20/2014

Ratings:

COMMERCIAL PILOT

ROTORCRAFT-HELICOPTER
INSTRUMENT HELICOPTER

Limits:

ENGLISH PROFICIENT.



**Federal Aviation
Administration**

**U.S Department of Transportation
Federal Aviation Administration
Airman Details Report**

Personal Information:

PATRICK LEE KERANEN

2118 EDGEWATER CIR
WINTER HAVEN FL 33880-4646

County: POLK

Country: USA

Medical Information:

Medical Class: First **Medical Date:** 6/2020

NOT VALID FOR ANY CLASS AFTER 12/31/2020.

BasicMed Course Date: None **BasicMed CMEC Date:** None

Certificate Information:

Certificate: AIRLINE TRANSPORT PILOT

Date of Issue: 8/20/2019

Ratings:

AIRLINE TRANSPORT PILOT
ROTORCRAFT-HELICOPTER

Limits:

ENGLISH PROFICIENT.



**Federal Aviation
Administration**

**U.S Department of Transportation
Federal Aviation Administration
Airman Details Report**

Personal Information:

STEPHEN GEORGES A LINARES

1782 SCARLETT AVE
NORTH PORT FL 34289-9478
County: SARASOTA
Country: USA

Medical Information:

Medical Class: Second **Medical Date:** 2/2020
BasicMed Course Date: None **BasicMed CMEC Date:** None

Certificate Information:

Certificate: AIRLINE TRANSPORT PILOT
Date of Issue: 10/17/2019

Ratings:

AIRLINE TRANSPORT PILOT
ROTORCRAFT-HELICOPTER

Limits:

ENGLISH PROFICIENT.



**Federal Aviation
Administration**

**U.S Department of Transportation
Federal Aviation Administration
Airman Details Report**

Personal Information:

ALEXANDER CHRISTOPHER MYERS

3828 VIGNOBLE LN

BRANDON FL 33511-7798

County: HILLSBOROUGH

Country: USA

Medical Information:

Medical Class: Second **Medical Date:** 8/2020

BasicMed Course Date: None **BasicMed CMEC Date:** None

Certificate Information:

Certificate: COMMERCIAL PILOT

Date of Issue: 10/24/2008

Ratings:

COMMERCIAL PILOT

ROTORCRAFT-HELICOPTER

INSTRUMENT HELICOPTER

Limits:

ENGLISH PROFICIENT.



**Federal Aviation
Administration**

**U.S Department of Transportation
Federal Aviation Administration
Airman Details Report**

Personal Information:

JOHN HENRY MYERS III

3947 GRANDEFIELD CIR
MULBERRY FL 33860-6560

County: POLK

Country: USA

Medical Information:

Medical Class: Second **Medical Date:** 5/2020

BasicMed Course Date: None **BasicMed CMEC Date:** None

Certificate Information:

Certificate: COMMERCIAL PILOT

Date of Issue: 3/4/2017

Ratings:

COMMERCIAL PILOT

ROTORCRAFT-HELICOPTER

INSTRUMENT HELICOPTER

Limits:

ENGLISH PROFICIENT.



**Federal Aviation
Administration**

**U.S Department of Transportation
Federal Aviation Administration
Airman Details Report**

Personal Information:

JAMES ODELL ROBERTSON JR

3152 NW GIRL SCOUT RD
ARCADIA FL 34266-8264

County: DESOTO

Country: USA

Medical Information:

Medical Class: Second **Medical Date:** 3/2020

MUST WEAR CORRECTIVE LENSES.

BasicMed Course Date: None **BasicMed CMEC Date:** None

Certificate Information:

Certificate: COMMERCIAL PILOT

Date of Issue: 6/22/2011

Ratings:

COMMERCIAL PILOT

AIRPLANE SINGLE ENGINE LAND

ROTORCRAFT-HELICOPTER

INSTRUMENT AIRPLANE AND HELICOPTER

Limits:

ENGLISH PROFICIENT.



**Federal Aviation
Administration**

**U.S Department of Transportation
Federal Aviation Administration
Airman Details Report**

Personal Information:

BRANDON CARL SAWYER

2120 TEXAS ST APT 2403
HOUSTON TX 77003-3056

County: HARRIS

Country: USA

Medical Information:

Medical Class: Second **Medical Date:** 1/2020

MUST WEAR CORRECTIVE LENSES.

BasicMed Course Date: None **BasicMed CMEC Date:** None

Certificate Information:

Certificate: COMMERCIAL PILOT

Date of Issue: 11/12/2015

Ratings:

COMMERCIAL PILOT

ROTORCRAFT-HELICOPTER

INSTRUMENT HELICOPTER

PRIVATE PRIVILEGES

AIRPLANE SINGLE ENGINE LAND

Limits:

ENGLISH PROFICIENT.



**Federal Aviation
Administration**

**U.S Department of Transportation
Federal Aviation Administration
Airman Details Report**

Personal Information:

SCOTT RICHARD THOMPSON

2972 HARROW RD
SPRING HILL FL 34608-4429
County: HERNANDO
Country: USA

Medical Information:

Medical Class: Second **Medical Date:** 9/2019
BasicMed Course Date: None **BasicMed CMEC Date:** None

Certificate Information:

Certificate: AIRLINE TRANSPORT PILOT
Date of Issue: 2/4/2014

Ratings:

AIRLINE TRANSPORT PILOT
ROTORCRAFT-HELICOPTER

Limits:

ENGLISH PROFICIENT.



**Federal Aviation
Administration**

**U.S Department of Transportation
Federal Aviation Administration
Airman Details Report**

Personal Information:

RICHARD LARRY VANDER WERF

2150 MEADOWBROOK DR

LUTZ FL 33558-8457

County: PASCO

Country: USA

Medical Information:

Medical Class: Second **Medical Date:** 6/2020

MUST HAVE AVAILABLE GLASSES FOR NEAR VISION.

BasicMed Course Date: None **BasicMed CMEC Date:** None

Certificate Information:

Certificate: AIRLINE TRANSPORT PILOT

Date of Issue: 3/27/2008

Ratings:

AIRLINE TRANSPORT PILOT

AIRPLANE MULTIENGINE LAND

COMMERCIAL PRIVILEGES

AIRPLANE SINGLE ENGINE LAND

ROTORCRAFT-HELICOPTER

INSTRUMENT HELICOPTER

Limits:

ENGLISH PROFICIENT.



RN

UPDATED: 9/2/2020

[illegible]

Updated : 09/02/2020



AEROMED 1 FLIGHT CREW CERTIFICATION TRACKER

CREW NAME:	BASE:	HIRE DATE:	RN LICENSE #:	EXPIRES:	MEDIC CERT. #:	EXPIRES:	EMT CERT. #:	EXPIRES:	ACLS	PALS	BLS	NRP	ATLS	DOT	DUNKER
KOCH, Kathy	AM-1	09/21/1994	RN 2704112	04/2021	PMD 16104	12/2020			11/2020	02/2022	10/2020	12/2021	12/1995	03/1996	09/2007
NELSON, Chuck	AM-1	04/19/1999			PMD 13652	12/2020			03/2022	11/2020	01/2022	05/2022	06/1999	12/1994	12/1999
RICHARDSON, Donald	AM-1	06/04/2001	RN 2793692	04/2021	PMD 17762	12/2020			01/2021	01/2021	01/2021	05/2022	01/2002	12/1994	06/2012
KEFFELER, Jotham	AM-1	07/08/2002	RN 9188997	04/2022	PMD 511240	12/2020			07/2021	01/2021	03/2022	12/2021	03/2010	05/2009	08/2012
BURNETT, Alisha	AM-1	11/19/2012	RN 9351712	07/2022	PMD 528672	12/2020			06/2022	06/2022	10/2020	07/2022		02/2016	8/2017
MASLONKA, Justin	Pool	05/14/2018			PMD 523574	12/2020			03/2022	03/2022	01/2022	09/2020		03/2014	
TAVAKOLI, Renee	Float	07/25/2011	RN 9293069	04/2021	PMD 531529	12/2020			07/2021	02/2022	07/2021	05/2021		02/2017	8/2017
MILLER, Scott	Float	06/06/1994	RN 2903102	07/2022	PMD 201060	12/2020	EMT 301413	12/2020	07/2022	01/2022	09/2021	08/2021	08/1997	04/2000	09/2007
MILLER, Kyle	Pool	01/19/2015			PMD 515588	12/2020			08/2021	08/2021	08/2021	08/2022	09/2015	02/2014	01/2016
HAMILTON, Trish	Float	12/8/2014	RN9363182	04/2021	PMD 528209	12/2020	EMT 548633	12/2020	10/2020	07/2022	08/2021	10/2020	03/2013	11/2014	01/2016
MILLER, Aurelia	Float	8/15/2016	RN9235532	04/2021	PMD517437	12/2020			01/2022	08/2021	08/2021	08/2022		02/2004	04/2011
RADER, Mash	Float	2/27/2017	RN9449997	07/2022	PMD534683	12/2020			01/2022	12/2021	01/2022	10/2021			
HUSTON, James	AM-1	1/20/2020			PMD 535304	12/2020			05/2021	08/2021	02/2021	04/2021			
CLOUGH, Brian	AM-1	12/9/2019			PMD 527676	12/2020			03/2021	10/2020	03/2021	01/2021			
BRYSON, Tommy	Pool	9/25/2017			PMD 514447	12/2020			10/2020	10/2020	10/2020		9/2014	02/2014	1/2016

UPDATED: 9/2/2020

RED:	EXPIRED
YELLOW:	DUE THIS MONTH
GREEN:	CERTIFICATION EXPIRING IN NEXT 4 MONTHS
BOLD:	INSTRUCTOR CREDENTIALS

RED = EXPIRED.
 YELLOW = NOT CURRENTLY IN FLIGHT JACKET.
 GREEN = CERTIFICATION EXPIRING IN NEXT 4 MONTHS.
 BOLD = INSTRUCTOR CREDENTIALS.



AEROMED 2 FLIGHT CREW CERTIFICATION TRACKER

CREW NAME:	BASE:	HIRE DATE:	RN LICENSE #:	EXPIRES:	MEDIC CERT. #:	EXPIRES:	EMT CERT. #:	EXPIRES:	ACLS	PALS	BLS	NRP	ATLS	DOT	DUNKER
ADAMS, Mark	AM-2	04/19/2004			PMD 507417	12/2020			04/2021	04/2021	01/2021	03/2022	07/2007	01/2007	09/2007
BITNER, John	AM-2	05/01/2010	RN 9306385	04/2021	PMD 523569	12/2020			11/2021	11/2021	05/2021	10/2021	04/2015	08/2012	01/2016
BURNETT, Matt	AM-2	11/26/2012	RN 9350430	07/2022	PMD 524831	12/2020			12/2021	12/2021	10/2021	09/2021	04/2014	05/2013	01/2016
CONNELL, Noah	AM-2	05/04/2009			PMD 504208	12/2020			11/2020	08/2021	11/2020	10/2020	07/2009	01/2009	11/2012
DUPPENTHALER, Laurie	AM-2	08/18/2008	RN 9170133	07/2022	PMD 509768	12/2020			08/2022	02/2021	08/2021	03/2022	10/2008	08/2005	08/2012
HESS, Sarah	AM-2	08/01/2006	RN 9233298	04/2021	PMD 518659	12/2020	EMT 529408	12/2020	05/2021	06/2021	05/2021	05/2022	06/2011	05/2010	08/2012
PENNINGTON, Joe	AM-2	11/03/2008			PMD 12130	12/2020			11/2020	12/2021	04/2021	02/2022	04/2006	05/2004	08/2012

UPDATED: 9/2/2020

RED:	EXPIRED
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GREEN:	CERTIFICATION EXPIRING IN NEXT 4 MONTHS
BOLD:	INSTRUCTOR CREDENTIALS

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AEROMED 4 FLIGHT CREW CERTIFICATION TRACKER

CREW NAME:	BASE:	HIRE DATE:	RN/RT LICENSE #:	EXPIRES:	MEDIC CERT. #:	EXPIRES:	EMT CERT. #:	EXPIRES:	ACLS	PALS	BLS	NRP	ATLS	DOT	DUNKER
CURREN, Kelly	AM-4	08/18/2008	RT 11582	5/2021	PMD 200304	12/2020			12/2021	07/2021	11/2021	12/2021	10/2008	07/2004	04/2009
FREAS, Robert	AM-4	12/01/2008	RN 9271962	04/2021	PMD 514738	12/2020			09/2021	01/2021	10/2021	06/2022	03/2009	04/2008	09/2006
LANCASTER, Ted	AM-4	08/20/2001			PMD 12195	12/2020			10/2020	09/2021	09/2021	08/2022	09/2002	05/1997	08/2012
MONK, Robert	AM-4	08/18/2008			PMD 11424	12/2020			08/2021	08/2021	8/2021	02/2021	09/2008	06/2001	12/2002
SANDERSON, Tracy	AM-4	03/14/2001	RN 9175288	07/2022	PMD 205819	12/2020			02/2021	02/2021	02/2021	02/2022	09/2001	12/1994	09/2007
TARVER, Hewitt	AM-4	08/18/2008	RN 9171005	07/2022	PMD 206743	12/2020			11/2021	01/2021	11/2021	01/2021	09/2008	03/2005	04/2009
TURGEON, Cedric	AM-4	08/18/2008			PMD 201623	12/2020			06/2021	06/2021	01/2021	05/2022	10/2008	05/2003	04/2009
KELLEMS, Robyn	AM-4	09/22/1984	RN 1489892	07/2022	PMD 205221	12/2020			01/2022	11/2020	05/2021	12/2021	01/2002	08/2001	11/2012

UPDATED: 9/2/2020

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GREEN:	CERTIFICATION EXPIRING IN NEXT 4 MONTHS
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AEROMED 5 FLIGHT CREW CERTIFICATION TRACKER

CREW NAME:	BASE:	HIRE DATE:	RN LICENSE #:	EXPIRES:	MEDIC CERT. #:	EXPIRES:	EMT CERT. #:	EXPIRES:	ACLS	PALS	BLS	NRP	ATLS	DOT	DUNKER
Denicourt, Adam	AM-5	2/17/2020			PMD 522566	12/2020			12/2021	04/2022	05/2021	07/2022		01/2019	
HOLT, James	AM-5	02/11/2002	RN 3234652	04/2021	PMD 17802	12/2020			01/2021	11/2021	07/2021	12/2021	11/2004	09/2002	08/2012
HUGHES, Chadd	AM-5	10/21/2002	RN 9188741	04/2022	PMD 514896	12/2020			06/2021	11/2020	12/2020	10/2020	03/2009	05/2008	04/2009
DILWORTH, Jeff	AM-5	02/25/2008			PMD 514365	12/2020			06/2021	06/2021	07/2021	05/2022	06/2009	05/2009	04/2009
STEVENSON, Wendi	AM-5	11/03/2014	RN 9363653	04/2021	PMD 527618	12/2020			10/2020	07/2022	08/2022	10/2020	03/2013	11/2014	01/2016
ADKINS, Keland	AM-5	04/13/2015			PMD 522290	12/2020			12/2021	04/2021	10/2021	12/2020		02/2015	01/2016
KRESGE, Dan	AM-5	05/10/1992	RN 2835822	04/2021	PMD 19693	12/2020			05/2021	12/2021	10/2020	09/2021	01/2001	06/2000	09/2007
KENSINGER, Ryan	AM-5	7/10/2017			PMD 523038	12/2020			11/2021	01/2021	04/2021	07/2022	07/2016	02/2017	08/2017

UPDATED: 9/2/2020

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