


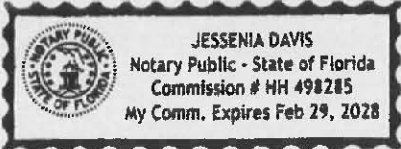
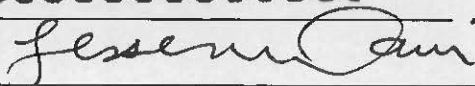


APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

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: Easy Access FL 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: 7901 4th St N Ste 8411		PHONE: 8134605035
ADDRESS 2:		FAX:
CITY, STATE, ZIP CODE: St Petersburg, FL 33702		
OFFICER/DIRECTOR NAME & TITLE: Beruk Edris, Manager	PHONE NUMBER & E-MAIL: 8134605035 easyaccessfl@gmail.com	
VICE OFFICER/DIRECTOR NAME & TITLE:	PHONE NUMBER & E-MAIL:	
BUSINESS HOURS POINT-OF-CONTACT: Beruk Edris, Manager	PHONE NUMBER & E-MAIL: 8134605035 easyaccessfl@gmail.com	
AFTER HOURS POINT-OF-CONTACT: Beruk Edris, Manager	PHONE NUMBER & E-MAIL: 8134605035 easyaccessfl@gmail.com	
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: 06/03/25
STATE OF FLORIDA COUNTY OF <u>Hillsborough</u> Subscribed and sworn to (or affirmed) before me this <u>June 3rd 2025</u> by <u>Beruk Edris</u> , who is/are personally known to me or has/have produced <u>FL Driver license</u> as identification.		
<div style="text-align: center;"> (SEAL) JESSENIA DAVIS Notary Public - State of Florida Commission # HH 498285 My Comm. Expires Feb 29, 2028</div> <div style="text-align: center;"> (Name of Notary typed, printed or Form stamped)</div>		

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

Easy Access FL LLC

*Street 1

7901 4th Street N

Street 2

Suite 8411

*Postal Code

33702

City

Saint Petersburg

State

Florida

Phone

813

-

460

-

5035

Ext:

Fax

 - -

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

Edris, Beruk

*Work Phone

813

-

460

-

5035

Ext:

Email

easyaccessfl@gmail.com

Position

☒ Vice Officer/Director

*Search Contact

Edris, Beruk



*Work Phone

813

-

460

-

5035

Ext:

*Email

easyaccessfl@gmail.com

Position

☒ Business Hours Point-of-Contact

*Search Contact

Edris, Beruk



*Work Phone

813

-

460

-

5035

Ext:

*Email

easyaccessfl@gmail.com

Position

☒ After Hours Point-of-Contact

*User

Edris, Beruk



*Work Phone

813

-

460

-

5035

Ext:

*Email

easyaccessfl@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

BE

*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

BE

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

BE

Section 8.1

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

*Initials

BE

Section 8.1

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

*Initials

BE

Section 8.1

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

*Initials

BE

Vehicles (Form C)

Section 1

*Vehicle

[New]



Unit Number

01

Vehicle Tag Number

RPZU42

*Vehicle Identification Number(VIN)

5TDKRKEC2RS195476

*Active

☒ Yes ☐ No

Personnel (Form D)

Section 1

Personnel ID

User

Edris, Beruk (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



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

Name of Service: Wheelchair Service Page: 1 of 1

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.

1. Name (Last, First) Also list "nick-name" if applicable	Class E Driver's License Number	Expiration Date	Date of Birth	Assigned EMS ID #
2. <u>Edris, Beruk</u>	<u>E36207794650</u>	<u>12/25/28</u>	<u>12/25/79</u>	
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/23/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION** IS **WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Professional Insurance Center, Inc. 2003 West Kennedy Blvd Tampa, Florida 33606	Phone: (813)251-4900 Fax: (813)253-2676	CONTACT NAME: Professional Insurance Center PHONE (A/C, No, Ext): (813)251-4900 E-MAIL ADDRESS: Professional-Insurance@piconline.com FAX (A/C, No): (813)253-2676
INSURED Easy Access FL LLC 7901 4TH ST N, STE 8411 St Petersburg, FL 33702	INSURER(S) AFFORDING COVERAGE INSURER A: ATEGRITY SPECIALTY INSURANCE COMPANY INSURER B: CABLE INSURANCE COMPANY INSURER C: INSURER D: INSURER E: INSURER F:	NAIC # 16427 16572

COVERAGES**CERTIFICATE NUMBER:** 2836**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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>	N	01-C-PK-P20117468-0 SEXUAL AND OR PHYSICAL ABUSE LIABILITY INCLUDED	8/21/2024	8/21/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ EXCLUDED PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	<input checked="" type="checkbox"/>	N	CICFL001700-00	8/21/2024	8/21/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 500,000 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 DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 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)CERTIFICATE HOLDER IS AN ADDITIONAL INSURED
2024 - TOYOTA - SIENNA - 5TDKRKEC2RS195476**CERTIFICATE HOLDER**

Holder's Nature of Interest : Additional Insured

PINELLAS COUNTY-A Political Subdivision of the State of Florid

400 S FORT HARRISON AVE
Clearwater, FL 33756**CANCELLATION**

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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- ☐ EMS Chief
- ☐ Sunstar Admin Support
- ☐ Fire Inspector
- ☐ Fire Coordinator
- ☒ WCT Admin Support
- ☐ Officer/Director
- ☐ Vice Officer/Director
- ☐ Business Hours Point-of-Contact
- ☐ After Hours Point-of-Contact

Required Documents

Insurance verification
Provide a copy of the Certificate of Insurance showing limits for the highest level of service provided detailing vehicle liability, property damage coverage, and the expiration date of the policy (See Rules & Regulations 8.2)

Policy Type

Policy

Number

Issued Date

08/21/2024

Today

Expiration Date

08/21/2025

Today

*Insurance Verification

Change File

EASY ACCESS Certs.pdf

Name

Insurance Verification

Document Type

Insurance Verification

Certificate of Incorporation

*Certificate of Incorporation

Change File

Articles of Organization.pdf

Name

Certificate of Incorporation

Document Type

Certificate of Incorporation

Retail Rate Schedule

***Retail Rate Schedule**

[⬆ Change File](#) Rate.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

[⬆ Change File](#) Articles of Organization.pdf

Name

Certification of Fictitious Name

Document Type

Certification of Fictitious Name

Signature

Signature

***Today's Date**

05/20/2025

[Today](#)

***Signature**

Signed on May 20, 2025 8:38:59 AM by Beruk Edris



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

Detail by Entity Name

Florida Limited Liability Company
EASY ACCESS FL LLC

Filing Information

Document Number L24000096625
FEI/EIN Number 99-1599180
Date Filed 02/26/2024
State FL
Status ACTIVE

Principal Address

7901 4TH ST N
STE 8411
ST. PETERSBURG, FL 33702

Changed: 03/21/2024

Mailing Address

7901 4TH ST N
STE 8411
ST. PETERSBURG, FL 33702

Changed: 03/21/2024

Registered Agent Name & Address

NORTHWEST REGISTERED AGENT LLC
7901 4TH ST N
STE 300
ST. PETERSBURG, FL 33702

Authorized Person(s) Detail

Name & Address

Title MGR

EDRIS, BERUK
7901 4TH ST N
STE 8411
ST. PETERSBURG, FL 33702

Annual Reports

Report Year	Filed Date
2025	03/23/2025
Document Images	
03/23/2025 -- ANNUAL REPORT	View image in PDF format
02/26/2024 -- Florida Limited Liability	View image in PDF format

Florida Department of State, Division of Corporations

Easy Access FL LLC

Provider Downstream Fee for Service (FFS)			
Trip Type	Base Rate	Base Mileage	Mileage Rate
Ambulatory- Curb to Curb	15.00	10	1.50
Ambulatory- Door to Door	15.00	10	1.50
Wheelchair	28.25	10	1.90
Stretcher	80.00	10	2.00
Bariatric Wheelchair	38.25	10	1.90
Bariatric Stretcher	180.00	10	2.00
Other:	N/A	N/A	N/A