Pinellas County EMS & FIRE ADMINISTRATION

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

APPLICATION TYPE: ☑ NEW ☐ RENEWAL

SERVICE TYPE:
☑ Wheelchair Transport ☐ Stretcher Transport
☐ ALS Interfacility ☐ ALS Helicopter
☐ ALS Non-Transport ☐ ALS Transport

TYPE OF ENTITY: ☑ Sole Proprietor ☐ Partnership ☐ Non-Profit Corporation ☐ Corporation

ORGANIZATION NAME:	HOURS OF OPERATION: ☑ 24-HOUR
NDI Health Services DBA Skyline Transport	_____ A.M. to _____ ☐ A.M. / ☐ P.M.
ADDRESS 1: 1503 US HWY 301	PHONE: 800-515-8028
ADDRESS 2:	FAX:
CITY, STATE, ZIP CODE: Clair-Mel City, FL 33619	

OFFICER/DIRECTOR NAME & TITLE: Cho Ndiforchu	PHONE NUMBER & E-MAIL: 813-452-8403 info@skylinetransportfl.com
VICE OFFICER/DIRECTOR NAME & TITLE: Dakota Wilkinson	PHONE NUMBER & E-MAIL: 813-330-0646 info@skylinetransportFL.com
BUSINESS HOURS POINT-OF-CONTACT: Dispatch	PHONE NUMBER & E-MAIL: 800-515-8028
AFTER HOURS POINT-OF-CONTACT: Dispatch	PHONE NUMBER & E-MAIL: 800-515-8028

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: 6/2/25

STATE OF FLORIDA
COUNTY OF Hillsborough

Subscribed and sworn to (or affirmed) before me this 6/2/25 by Cho Ndiforchu, who is/are personally known to me or has/have produced driver license as identification.

(SEAL)

Notary Public State of Florida
Dakota R. Wilkinson
My Commission HH 602762
Expires 10/10/2028

_____
(Name of Notary typed, printed or Form stamped)

Form A. Rev. 02/06/2017

COPCN (Form A)

Section 1

Application Type

	Initial	Renewal
Wheelchair Transport	☑	
Stretcher Transport	☐	
ALS Helicopter	☐	
ALS Interfacility	☐	
ALS Non-Transport	☐	
ALS Transport	☐	

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

1503 US 301 S

Street 2

*Postal Code

33619

City

Tampa

State

Florida

Phone

800 - 515 - 8028 Ext:

Fax

813 - 510 - 5755

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

Wilkinson, Dakota

*Work Phone

813 - 330 - 0646 Ext:

Email

info@skylinetransportfl.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
[New]	101		1FBAX2C88PKB30334	Yes
[New]	102		1FBAX2C83PKB28782	Yes
[New]	103		1FBAX2CG0MKA65059	Yes
[New]	104		1FBAX2CG5MKA21557	Yes
[New]	105		1FBAX2C85PKA93792	Yes

Personnel (Form D)

Section 1

Personnel ID

User

Wilkinson, Dakota (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
- [x] WCT Admin Support
- [ ] Officer/Director

Pinellas County EMS & FIRE ADMINISTRATION

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

Name of Service: NDI Health Services, LLC Page: 1 of 4

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. Wolf-Endy Joseph	J210-880-96-402-0	11/02/2031	11/02/1996	564002
2. Cho Ndiforchu	N316-113-86-305-0	08/25/2031	08/25/1986	564001
3. Gilberto Rodriguez Agusto	R247-181-85-600-0	04/02/2029	04/02/1988	564003
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				

- [ ] 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

Select Policy Type

Number

Issued Date

12/19/2024 Today

Expiration Date

12/19/2025 Today

*Insurance Verification

Change File CERTIFICATE_OF_LIABILITY_INSURANCE_PINELLAS_COUNTY.pdf

Name

Insurance Verification

Document Type

Insurance Verification

Certificate of Incorpation

*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 Rate sheet (1).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 DBA (2).pdf

Name

Certification of Fictitious Name

Document Type

Certification of Fictitious Name

Signature

Signature

*Today's Date

04/29/2025 Today

*Signature

Signed on Apr 29, 2025 5:38:09 PM by Dakota Wilkinson

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 05/15/2025

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	CONTACT NAME: Gerald Munoz	
GTF-143 Dadeland 9100 S. Dadeland Blvd. Suite 1559 Miami FL 33156	PHONE (A/C, No, Ext): 305-425-1827	FAX (A/C, No): 786-654-0100
	E-MAIL ADDRESS: gmunoz@goldentrust.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Prime Property and Casualty Insurance Inc.	27876
INSURED NDI Health Services, LLC dba Skyline Transport 13194 US HWY 301 S PMB 116 Riverview FL 33578	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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$
	☐ OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 300,000
	☐ ANY AUTO						BODILY INJURY (Per person)	$
A	☒ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS	1		PC24121376-0	12/18/2024	12/18/2025	BODILY INJURY (Per accident)	$
	☒ HIRED AUTOS ONLY ☒ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						PER STATUTE ☐ OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						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

Pinellas County, A Political Subdivision of the State of Florida,
400 South Fort Harrison Avenue
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

Gerald Munoz

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

10710 N. Connecticut 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 301 S. PMB 116,
RIVERVIEW, FL 33578

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

13194 US HWY 301 S, 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

_____, Florida _____
City *Zip Code*

FILED
2022 NOV 22 PM 1:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Title	Name	Address	Type of Action
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

FILED
2023 FEB 22 PM 1:07
SECRETARY OF STATE
TALLAHASSEE, FL

E. Effective date, if other than the date of filing: _____ **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 02/16/2023 0900 AM

Signature of a member or authorized representative of a member

Cho Ndiforchu, MM of NDI Real Estate Group LLC

Typed or printed name of signee

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2025
Secretary of State
0493333824CC

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

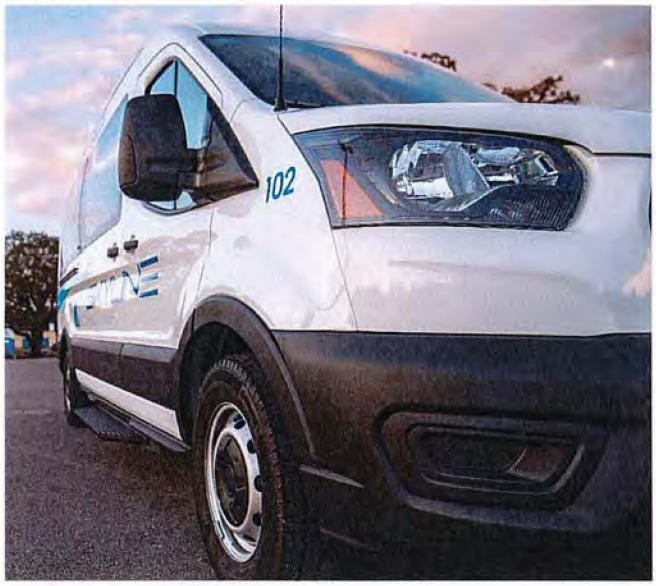
Certificate of Status Requested ( ) **Certified Copy Requested ( )**

SKYLINE TRANSPORT

a company of

NDI HEALTH SERVICES

13194 US HWY 301 S, PMB 116,
RIVERVIEW, FL 33578
DISPATCH: (800) 515-8028
info@skylinetransportfl.com
www.skylinetransportfl.com



*****Rate sheet provided exclusively for Pinellas County EMS & Fire Administration*****

Rates are subject to change

RATE SHEET

MODE OF TRANSPORTATION	LOAD FEE + EXTRA MILEAGE FEE
WHEELCHAIR – ONE WAY	*$65 + $2.50 PER MILE*
BARIATRIC WHEELCHAIR (>250LBS) – ONE WAY	*$75 + $3 PER MILE*

ADDITIONAL ITEMS (Based on One-Way Trip)

AFTER-HOURS (6PM-6AM MON-SAT and ENTIRE SUN)	*$50 ADDITIONAL FEE*
ADDITIONAL PASSENGER	*$10 ADDITIONAL FEE*
COVID-19 PASSENGERS	*$30 ADDITIONAL FEE*
HOLIDAY FEE (All Bank Holidays)	*$50 ADDITIONAL FEE*

CANCELLATIONS & NO-SHOWS

A cancellation fee will not be charged provided cancellations are made at least 2 hours prior to scheduled pickup time.

If a cancellation is made within the 2-hour scheduled pickup time, or if there is a No-Show at the pickup address, a fee equal to the price of the trip load fee (without added miles) will be charged.

Detail by Entity Name

Florida Limited Liability Company
NDI HEALTH SERVICES, LLC

Filing Information

Document Number	L22000469395
FEI/EIN Number	93-3712551
Date Filed	11/01/2022
State	FL
Status	ACTIVE
Last Event	LC NAME CHANGE
Event Date Filed	02/22/2023
Event Effective Date	NONE

Principal Address

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

Mailing Address

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

Registered Agent Name & Address

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

Name Changed: 04/08/2024

Authorized Person(s) Detail

Name & Address

Title Manager

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

Annual Reports

Report Year	Filed Date
2023	04/27/2023
2024	04/08/2024

2025 04/12/2025

Document Images

04/12/2025 -- ANNUAL REPORT	View image in PDF format
04/08/2024 -- ANNUAL REPORT	View image in PDF format
04/27/2023 -- ANNUAL REPORT	View image in PDF format
02/22/2023 -- LC Name Change	View image in PDF format
11/01/2022 -- Florida Limited Liability	View image in PDF format