




APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

APPLICATION TYPE: ☐ NEW ☒ RENEWAL

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

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

ORGANIZATION NAME: <u>FRANK ZEAL LLC</u>		HOURS OF OPERATION: <input type="checkbox"/> 24-HOUR <u>0700 A.M. to 0700 A.M.</u> <input type="checkbox"/> A.M. / <input checked="" type="checkbox"/> P.M.	
ADDRESS 1: <u>1060 WOODROCK RD</u>		PHONE: <u>407 620 1651</u>	
ADDRESS 2:		FAX:	
CITY, STATE, ZIP CODE: <u>ORLANDO, FL 32803</u>			
OFFICER/DIRECTOR NAME & TITLE: <u>FRANKLIN DAVILA MD</u>		PHONE NUMBER & E-MAIL: <u>796619127 Frank@FrankZeal.com</u>	
VICE OFFICER/DIRECTOR NAME & TITLE:		PHONE NUMBER & E-MAIL:	
BUSINESS HOURS POINT-OF-CONTACT: <u>SAME AS ABOVE</u>		PHONE NUMBER & E-MAIL: <u>SAME AS ABOVE</u>	
AFTER HOURS POINT-OF-CONTACT: <u>SAME AS ABOVE</u>		PHONE NUMBER & E-MAIL: <u>SAME AS ABOVE</u>	
REQUIRED ATTACHMENTS: Record Keeping Verification Form, Vehicle Roster(s), Driver Roster(s), Certificate of Incorporation, Certification of Fictitious Name (d.b.a) if applicable, Insurance Verification for the highest level of service provided, and retail rate schedule. Also include any new applications per County Driver Certification Requirements.			
I, the undersigned representative of the above named firm, do hereby acknowledge this certificate may be suspended or revoked if at any time the firm fails to meet all of the requirements of the Pinellas County Code or Rules and Regulations.			
SIGNATURE OF APPLICANT: <u>[Signature]</u>		DATE: <u>29 MAY 2025</u>	
STATE OF FLORIDA COUNTY OF <u>orange</u>			
Subscribed and sworn to (or affirmed) before me this <u>29/may/2025</u> by <u>Franklin Davila</u> , who is/are personally known to me or has/have produced <u>FL DL</u> as identification.			
(SEAL) <u>[Signature]</u>		<div style="border: 1px solid black; padding: 5px; text-align: center;"> Notary Public State of Florida Dhruvil Shah My Commission HH 405906 Expires 6/4/2027</div>	
(Name of Notary typed, printed or Form stamped)			



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

Pinellas County Rules and Regulations, as Amended

Name of Service: FRANG ZEAL LLC

Date: 5/27/2025

Section	Inspection Items	Initials
8.1	Record all telephone lines when used for requests for transport, including cell phones.*	<u>FD</u>
	*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>FD</u>
8.1	Written record contains:	
	• Date Call Received	<u>FD</u>
	• Time Call Received	<u>FD</u>
	• Pick-up & Destination Address	<u>FD</u>
	• Arrival Time at Destination	<u>FD</u>
	• Client's Name	<u>FD</u>
	• Person Ordering Transport	<u>FD</u>
	• Telephone Number of Caller (*if applicable)	<u>FD</u>
8.1	Audio dispatch records shall be kept for a minimum of six (6) months.	<u>FD</u>
8.1	Written or electronic dispatch shall be kept for a minimum of three (3) years.	<u>FD</u>
8.1	Dispatch audio & written/electronic records shall be available for inspection.	<u>FD</u>



WHEELCHAIR VEHICLE ROSTER
Pinellas County Rules and Regulations, as Amended

Name of Service: FRANG ZEAL LLC Page: of

Provide Unit, Tag and VIN numbers for all vehicles. 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. Contact EMS & Fire Administration for a Vehicle Inspection appointment.

Unit Number	Florida Vehicle Tag Number	Vehicle Identification Number (VIN)	Client compartment observation mirror	Passenger floor properly maintained	Fire extinguisher 2A:10B:C	Operable interior lights	Free of dent/rust that interferes with safe operation	Equipment in patient compartment safely secured	Doors, latches, and handles working properly	Patient lift platform working properly	Positive means of securing/locking wheelchair/stretcher	Properly designed passenger safety belts and/or straps	Radio/tablet/cell phone for communication with base station	Exterior lights – high, low, turns, brake, tails, backup	Interior clean, sanitary and in good working order
1. A46724	33DVXC	1FBAZ2C86PKA46724													
2.															
3.															
4.															
5.															
6.															
7.															
8.															
9.															
10.															
11.															
12.															



STRETCHER VAN ROSTER
Pinellas County Rules and Regulations, as Amended

Name of Service: FRANG ZEAL LLC Page: of

Such vehicles may not be equipped, marked or operated as an Ambulance

Provide Unit, Tag and VIN numbers for all vehicles. 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. Contact EMS & Fire Administration for a Vehicle Inspection appointment.

Unit Number	Florida Vehicle Tag Number	Vehicle Identification Number (VIN)	Client compartment observation mirror	Passenger floor properly maintained	Fire extinguisher 2A:10B:C	Operable interior lights	Free of dent/rust that interferes with safe operation	Equipment in patient compartment safely secured	Doors, latches, and handles working properly	Patient lift platform working properly	Positive means of securing/locking wheelchair/stretchers	Properly designed passenger safety belts and/or straps	Radio/tablet/cell phone for communication with base station	Exterior lights – high, low, turns, brake, tails, backup	Interior clean, sanitary and in good working order
1. A46724	33DVXC	1FBAX2C86PKA46724													
2.															
3.															
4.															
5.															
6.															
7.															
8.															
9.															
10.															
11.															
12.															



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

Name of Service: FRANG ZEAL LLC Page: of

Attach a copy of the Class E Driver's License for each listed Driver. If more lines are needed, it is acceptable to copy this form. A Company Roster may be attached, as long as all required information is included.

	Name (Last, First) Also list "nick-name" if applicable	Class E Driver's License Number	Expiration Date	Date of Birth	Assigned EMS ID #
1.	FRANKLIN DAVILA	D335=106-31-000-0	12/08/2032	12/08/1978	
2.	RICARDO ORTIZ	O632-730-77-212-0	06/12/2031	06/12/1977	
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					



FRANZEA-01

JBALLESTEROS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/1/2025

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 Sovereign Transportation Insurance, LLC 280 Interstate N Circle SE Suite 425 Atlanta, GA 30339	CONTACT NAME: LaQuita Standifer		
	PHONE (A/C, No, Ext): (678) 986-3437	FAX (A/C, No):	
	E-MAIL ADDRESS: lstandifer@sovtran.com		
INSURED Frang Zeal, LLC 1060 Woodcock Road, Orlando, FL 32803	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: National Specialty Insurance Company		22608
	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						
	<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 \$
							GENERAL AGGREGATE \$
							PRODUCTS - COMP/OP AGG \$
							\$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ 500,000
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	X		ODH-CAS00061625	3/1/2025	3/1/2026	BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						EACH OCCURRENCE \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						AGGREGATE \$
							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/>						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)
Pinellas County, A Political Subdivision of the State of Florida is listed as an additional insured under the Auto liability.

CERTIFICATE HOLDER

CANCELLATION

Pinellas County, A Political Subdivision of the State of Florida
400 S Fourth Harrison Ave
Clearwater, FL 33756

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000046582

Entity Name: FRANG ZEAL LLC

Current Principal Place of Business:

1060 WOODCOCK RD
ORLANDO, FL 32803

Current Mailing Address:

1060 WOODCOCK RD
ORLANDO, FL 32803 US

FEI Number: 82-4496588

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DAVILA, FRANKLIN I
1060 WOODCOCK RD
ORLANDO, FL 32803 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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name DAVILA, FRANKLIN I
Address 11619 BLACK RAIL ST
City-State-Zip: WINDERMERE FL 34786

Title MGR
Name DAVILA, ANGELA M
Address 11619 BLACK RAIL ST
City-State-Zip: WINDERMERE FL 34786

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: FRANKLIN DAVILA

MANAGER

01/24/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date

Level of Service	0-3 Miles	4-6 Miles	7-10 Miles	Per Mile After 10 Mi
Ambulatory	14.07	16.98	20.61	1.70
Ambulatory Extra Passenger	8.50	10.20	12.40	1.00
Ambulatory After Hours 6p – 4a	17.07	19.98	23.61	1.75
Ambulatory PPEC	28.00	28.00	28.00	1.75
Wheelchair	32.00	35.00	38.00	1.79
Wheelchair Extra Passenger	16.90	19.90	23.20	1.25
Wheelchair After Hours 6p – 4a	41.10	46.12	51.66	2.00
Wheelchair PPEC	35.00	35.00	35.00	2.00
Bariatric Wheelchair	80.00	85.00	90.00	2.25
Stretcher	110.00	120.00	130.00	2.50
Stretcher After Hours 6p – 4a	150.00	160.00	170.00	2.50
Bariatric Stretcher	260.00	265.00	270.00	2.50
PPEC Attendant –Fee included in rate				
Wait Time \$20 Per Hour AMB				
Wait Time \$30 Per Hour WC				
Wait Time \$50 Per Hour ST				



modivcare