



APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

July 1, 2018 – June 30, 2019

APPLICATION TYPE: NEW RENEWAL

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

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

Form with fields for ORGANIZATION NAME, ADDRESS 1, ADDRESS 2, CITY, STATE, ZIP CODE, OFFICER/DIRECTOR NAME & TITLE, PHONE NUMBER & E-MAIL, BUSINESS HOURS POINT-OF-CONTACT, AFTER HOURS POINT-OF-CONTACT.

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: [Handwritten Signature] DATE: 10-11-18

STATE OF FLORIDA COUNTY OF Hillsborough
Subscribed and sworn to (or affirmed) before me this 10/11/18 by Matthew Edward Turner who is/are personally known to me or has/have produced Florida Driver License as identification.

(SEAL) [Notary Seal] (Name of Notary typed, printed or Form stamped)



HELICOPTER/AIRCRAFT ROSTER

Name of Service: _____ Bayfile _____ Date: 10/13/17 Page: 1 of 1

Provide helicopter/aircraft type, model/year, identifying FAA license #/permit information, radio ID, and base location. 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.

Helicopter/Aircraft Type	Model/Year	FAA License #	Radio ID	Base Location
1 AIRBUS	EC135P2+ 2008	N163BF		NORTHPORT
2 AIRBUS	EC135P2+ 2008	N527BF		TAMPA
3 AIRBUS	EC135P2+ 2007	N911BF		BROOKSVILLE
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Helicopter	Model/Year	FAA License #	Radio ID	Base Location
Airbus	EC135P2+ 2008	N163BF	Technosonic – 724735 Portable - 724734	NorthPort
Airbus	EC135P2+ 2008	N527BF	Portable: 4624354 Portable: 4624355 Helicopter: 4624358	Tampa
Airbus	EC135P2+ 2007	N911BF	Helicopter: 721CHD0347 Portable 205CNX2565 Portable 205CMB3815	Brooksville

2018
Bayflite Flight Personnel

Name	Position	EMTP License #	EXP	RN License #	EXP
AMEDEO, AMY	FLIGHT NURSE	PMD511393	12/1/2018	RN9195187	7/31/18
BULL, MICHAEL	FLIGHT PARAMEDIC	PMD511999	12/1/2018		
CHESTER, DEAN	FLIGHT PARAMEDIC	PMD6372	12/1/2018		
COATES, MICHAEL	FLIGHT PARAMEDIC	PMD8859	12/1/2018		
MADER, ASHLEIGH	FLIGHT NURSE			RN9271391	4/30/19
PRICE, KAITLYN	FLIGHT NURSE			RN9478796	4/30/19
YOUNG, PAMELA	FLIGHT NURSE			RN9326903	4/30/19
SANDERS, CHERYL	FLIGHT NURSE			RN9294562	4/30/19
EVERSON, JAMES	FLIGHT PARAMEDIC	PMD523470	12/1/2018		
PEREZ, DEREK	FLIGHT PARAMEDIC	PMD524198	12/1/2018		
JOHNSON, CHRIS	FLIGHT PARAMEDIC	PMD520564	12/1/2018		
ROBERTS, JEREMI	FLIGHT PARAMEDIC	PMD512573	12/1/2018		
FETTERMAN, SCOTT	FLIGHT PARAMEDIC	PMD514798	12/1/2018		
FLOHRE, SHAWN M	FLIGHT PARAMEDIC	PMD505121	12/1/2018		
FRY, WILLIAM J	FLIGHT PARAMEDIC	PMD18919	12/1/2018		
GLADIEUX, ALAN	FLIGHT NURSE	PMD524585	12/1/2018	RN9331877	4/30/2019
GONZALEZ, TAMMY M	FLIGHT NURSE	PMD10824	12/1/2018	RN2003972	4/30/18
HAVERTY, HAROLD J	FLIGHT PARAMEDIC	PMD9673	12/1/2018		
HICKMAN, MELISSA	FLIGHT NURSE	PMD520980	12/1/2018	RN9220298	4/30/18
MCMILLAN, JOHN	FLIGHT PARAMEDIC	PMD517533	12/1/2018		
MONTE, ALEXANDER	FLIGHT NURSE	PMD17153	12/1/2018	RN9243694	4/30/19
MORRELL, DIONALD	FLIGHT PARAMEDIC	PMD529586	12/1/2018		
PALMER, DAVID	FLIGHT NURSE	PMD200809	12/1/2018	RN3022282	4/30/19
PARSONS, KEITH	FLIGHT PARAMEDIC	PMD515112	12/1/2018		
POXON, JUNE	FLIGHT NURSE	PMD10545	12/1/2018	RN2123212	7/31/18
REID, KATHRYN	FLIGHT NURSE	PMD511720	12/1/2018	RN9223603	7/31/18
SAVAGE, RICHARD	FLIGHT PARAMEDIC	PMD19564	12/1/2018		
SHANE, DAVID	FLIGHT NURSE	PMD10935	12/1/2018	RN2163452	4/30/2018
SHRIVER, AARON	FLIGHT PARAMEDIC	PMD206675	12/1/2018		
SIDLAUSKAS, JEREMY	FLIGHT PARAMEDIC	PMD501101	12/1/2018		
SWARTZ, BRIAN	FLIGHT PARAMEDIC	PMD14735	12/1/2018		
TABER, SHAWN	FLIGHT PARAMEDIC	PMD18163	12/1/2018		
JOALLAIN THEVENET	FLIGHT NURSE	PMD524393	12/1/2018	RN9168099	4/30/2018
TURNER, RYAN	FLIGHT NURSE	PMD513212	12/1/2018	RN9354300	7/31/18
WILLIAMS, WENDY S	FLIGHT NURSE	PMD509527	12/1/2018	RN3214422	4/30/19

Attachment 4

- Certificate of Incorporation and Fictitious Name (d.b.a)



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

Detail by Entity Name

Foreign Limited Liability Company
ROCKY MOUNTAIN HOLDINGS, L.L.C.

Filing Information

Document Number	M9500000020
FEI/EIN Number	87-0533822
Date Filed	01/13/1995
State	DE
Status	ACTIVE
Last Event	LC NAME CHANGE
Event Date Filed	10/19/2009
Event Effective Date	NONE

Principal Address

7301 South Peoria Street
Englewood, CO 80112

Changed: 04/11/2017

Mailing Address

7301 South Peoria Street
Englewood, CO 80112

Changed: 04/11/2017

Registered Agent Name & Address

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

Name Changed: 05/21/2003

Address Changed: 05/21/2003

Authorized Person(s) Detail

Name & Address

Title Manager

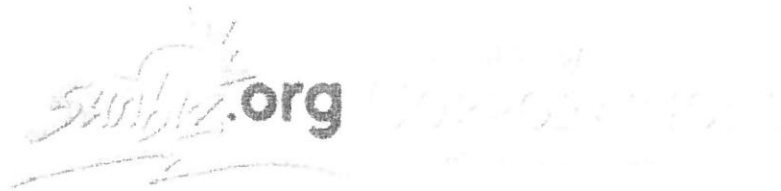
Air Methods Corporation
7301 South Peoria Street
Englewood, CO 80112

Annual Reports

Report Year	Filed Date
2015	04/18/2015
2016	04/04/2016
2017	04/11/2017

Document Images

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04-30-2012 - ANNUAL REPORT	View image in PDF format
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10-18-2009 - LC Name Change	View image in PDF format
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05-01-2008 - ANNUAL REPORT	View image in PDF format
07-21-2007 - ANNUAL REPORT	View image in PDF format
05-25-2006 - ANNUAL REPORT	View image in PDF format
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02-04-2000 - ANNUAL REPORT	View image in PDF format
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06-05-1998 - ANNUAL REPORT	View image in PDF format
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Fictitious Name Detail

Fictitious Name

BAYFLITE

Filing Information

Registration Number	G15000106682
Status	ACTIVE
Filed Date	10/20/2015
Expiration Date	12/31/2020
Current Owners	1
County	MULTIPLE
Total Pages	1
Events Filed	NONE
FEI/EIN Number	87-0533822

Mailing Address

7301 SOUTH PEORIA STREET
ENGLEWOOD, CO 80112

Owner Information

ROCKY MOUNTAIN HOLDINGS, L.L.C.
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ENGLEWOOD, CO 80112
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Document Number: M95000000020

Document Images

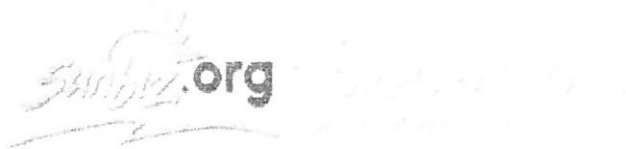
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