



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: Sunny Wheelchair Transportation LLC		HOURS OF OPERATION: <input type="checkbox"/> 24-HOUR 3 A.M. to 8 <input type="checkbox"/> A.M. / <input checked="" type="checkbox"/> P.M.
ADDRESS 1: 115 N Comet Ave		PHONE: 727-417-3317
ADDRESS 2:		FAX:
CITY, STATE, ZIP CODE: Clearwater, FL, 33765		
OFFICER/DIRECTOR NAME & TITLE: Bassam Musa Manager	PHONE NUMBER & E-MAIL: 727-417-3317 Sunnywheelchair24@gmail.com	
VICE OFFICER/DIRECTOR NAME & TITLE:	PHONE NUMBER & E-MAIL:	
BUSINESS HOURS POINT-OF-CONTACT: Bassam Musa	PHONE NUMBER & E-MAIL: 727-417-3317 Sunnywheelchair24@gmail.com	
AFTER HOURS POINT-OF-CONTACT: Bassam Musa	PHONE NUMBER & E-MAIL: 727-417-3317 Sunnywheelchair24@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: 4/15/26
STATE OF FLORIDA COUNTY OF <u>Pinellas</u>		
Subscribed and sworn to (or affirmed) before me this <u>4-15-26</u> by <u>Bassam Musa</u> , who is/are personally known to me or has/have produced <u>Florida Driver License</u> as identification.		
		 Yunion Martinez (Name of Notary typed, printed or Form stamped)

Application for Certificate of Public Convenience and Necessity

Please download and complete this form.



Upload the notarized the COPCN Notary Form here

[Change File](#) Adobe Scan Apr 15, 2026 (1).pdf

Name

COPCN Notary Form

Document Type

Supporting Documents



Application Type

	Initial	Renewal
Wheelchair Transport	<input 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"/>	
Wheelchair and Stretcher Van		

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

Sunny Wheelchair Transport, LLC

*Street 1

115 North Comet Avenue

Street 2

*Postal Code

33765

City

Clearwater

State

Florida

Phone

727 - 417 - 3317 Ext:

Fax

*Hours of operation

3:00AM-8:00PM

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

Musa, Bassam M (553238)

*Work Phone

727 - 417 - 3317 Ext:

Email

sunnywheelchair24@gmail.com

Position

Vice Officer/Director

*Search Contact

Musa, Bassam M (553238)

*Work Phone

727 - 417 - 3317 Ext:

*Email

sunnywheelchair24@gmail.com

Position

Business Hours Point-of-Contact

*Search Contact

Musa, Bassam M (553238)

*Work Phone

727 - 417 - 3317 Ext:

*Email

sunnywheelchair24@gmail.com

Position

After Hours Point-of-Contact

*User

Musa, Bassam M (553238)

*Work Phone

727 - 417 - 3317 Ext:

*Email

sunnywheelchair24@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

BM

*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

BM

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

BM

Section 8.1

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

*Initials

BM

Section 8.1

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

*Initials

BM

Section 8.1

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

*Initials

BM

Vehicles (Form C)

Section 1

Vehicle	Unit Number	Vehicle Tag Number	Vehicle Identification Number(VIN)	Active
<input checked="" type="checkbox"/> b9125be0-e1b2-4819-8059-49f63449a548		TYXI57	2C4RDGBG2HR645345	Yes
<input checked="" type="checkbox"/> [New]		44EXJN	2C4RDGBG1JR296894	Yes
<input checked="" type="checkbox"/> [New]		RYXI57	2C4RDGBG2HR645345	Yes

Personnel (Form D)

Section 1

meggers	User	Position
<input checked="" type="checkbox"/>	Musa, Bassam M (553238)	WCT Admin Support
<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>		

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

Today

Expiration Date

Today

*Insurance Verification

c1e274e5-8f22-40c9-986a-cf9a4e7a174a (2).pdf

Name

Insurance Verification

Document Type

Insurance Verification

Certificate of Incorporation

*Certificate of Incorporation

GetDocument (1).pdf

Name

Certificate of Incorporation

Document Type

Certificate of Incorporation

Retail Rate Schedule

*Retail Rate Schedule

[Change File](#) IMG_2415 (1).PNG

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

[Upload File](#)

Name

Certification of Fictitious Name

Document Type

Certification of Fictitious Name

Signature

Signature

*Today's Date

04/27/2026

[Today](#)

*Signature

Signed on Apr 27, 2026 5:06:30 PM by Bassam Musa

2025 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L24000524707

Entity Name: SUNNY WHEELCHAIR TRANSPORTATION LLC

Current Principal Place of Business:

115 NORTH COMET AVENUE
CLEARWATER, FL 33765

Current Mailing Address:

115 NORTH COMET AVENUE
CLEARWATER, FL 33765 US

FEI Number: 33-2467459

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MUSA, BASSAM M
115 NORTH COMET AVENUE
CLEARWATER, FL 33765 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: BASSAM M MUSA

09/29/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name MUSA, BASSAM M
Address 115 NORTH COMET AVENUE
City-State-Zip: CLEARWATER FL 33765

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: BASSAM M MUSA

MGR

09/29/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date

2026 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L24000524707

Entity Name: SUNNY WHEELCHAIR TRANSPORTATION LLC

Current Principal Place of Business:

115 NORTH COMET AVENUE
CLEARWATER, FL 33765

Current Mailing Address:

115 NORTH COMET AVENUE
CLEARWATER, FL 33765 US

FEI Number: 33-2467459

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MUSA, BASSAM M
115 NORTH COMET AVENUE
CLEARWATER, FL 33765 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: BASSAM M MUSA

03/07/2026

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name MUSA, BASSAM M
Address 115 NORTH COMET AVENUE
City-State-Zip: CLEARWATER FL 33765

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: BASSAM MUSA

PRESIDENT

03/07/2026

Electronic Signature of Signing Authorized Person(s) Detail

Date

Exhibit B**Rates for different Clients: Florida**

Provider Downstream Fee for Service (FFS)			
Trip Type	Base Rate	Base Mileage	Mileage Ra
Ambulatory- Curb to Curb	15.00	10	1.50
Ambulatory- Door to Door	15.00	10	1.50
Wheelchair	32.00	10	1.90
Stretcher	80.00	10	2.00
Bariatric Wheelchair	42.00	10	1.90
Bariatric Stretcher	180.00	10	2.00
Other:	N/A	N/A	N/A

Transportation Provider will **not** receive payment or reimbursement for Member no shows.

As defined herein 'Ambulatory' includes both Curb to Curb and Door to Door.

Service Level Objective and Rate Adjustments

Members eligible for Trips shall be picked up within thirty (30) minutes of receipt of the Trip request from the member's representative or facility staff. Together with the submission of monthly fee invoice the Transportation Provider shall submit monthly reports showing all Trip requests, time of notification and time of pickup, refusal or failure to pick up (and reason), Member no shows ("Monthly Reports").