



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: TruCare Transport LLC
HOURS OF OPERATION: 5 A.M. to 10 P.M.
ADDRESS 1: 15985 Preserve Market Place
ADDRESS 2: Odessa, FL
CITY, STATE, ZIP CODE: 33556
OFFICER/DIRECTOR NAME & TITLE: Arlis Fuentes Perez
PHONE NUMBER & E-MAIL: 813-373-2606
VICE OFFICER/DIRECTOR NAME & TITLE: Oneida Fuentes
PHONE NUMBER & E-MAIL: 813-373-2606
BUSINESS HOURS POINT-OF-CONTACT: ''
AFTER HOURS POINT-OF-CONTACT: ''

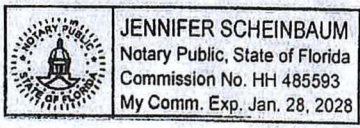
REQUIRED ATTACHMENTS: Record Keeping Verification Form, Vehicle Roster(s), Driver Roster(s), Certificate of Incorporation, Certification of Fictitious Name (d.b.a) if applicable, Insurance Verification for the highest level of service provided, and retail rate schedule. Also include any new applications 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: [Signature] DATE: May 7th, 2026

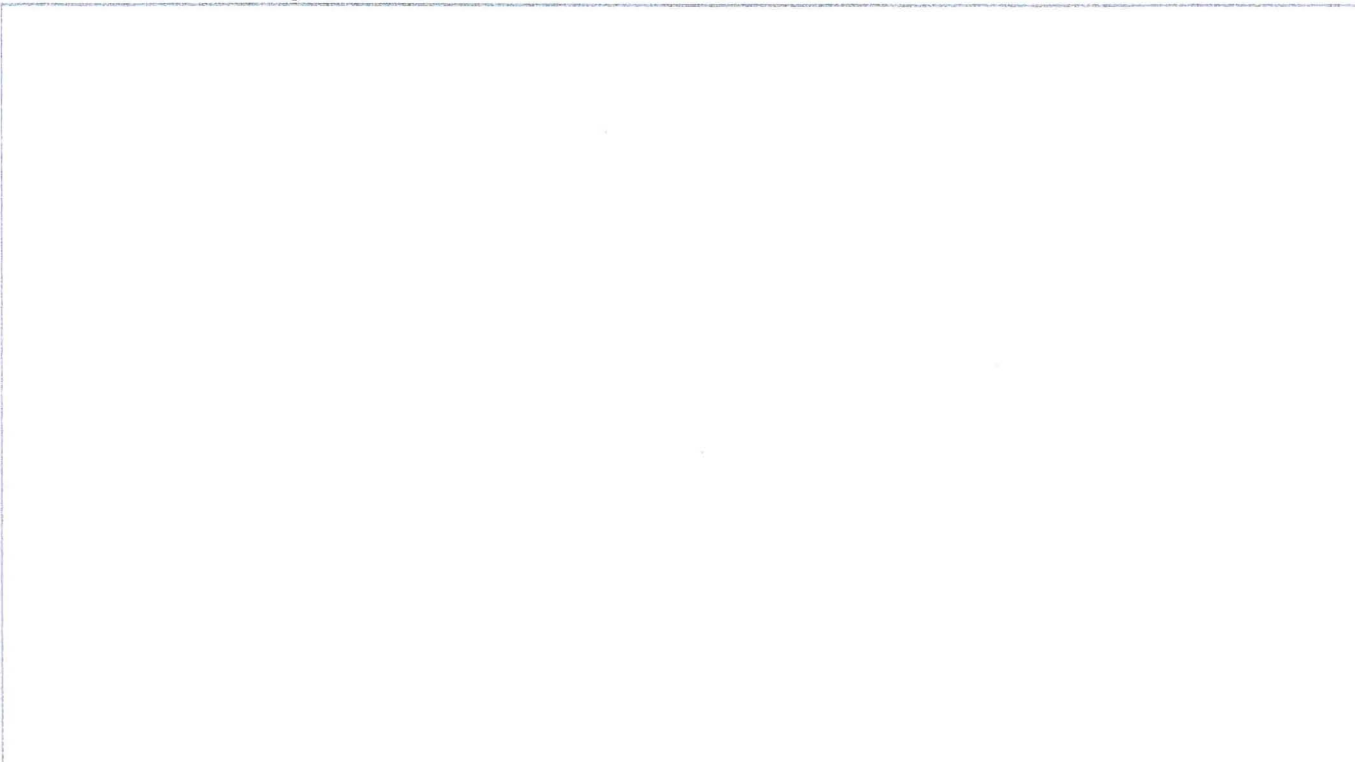
STATE OF FLORIDA
COUNTY OF Pasco

Subscribed and sworn to (or affirmed) before me this 5/7/2026 by Arlis Fuentes, who is/are personally known to me or has/have produced Driver's License as identification.



Jennifer Scheinbaum
Jennifer Scheinbaum
(Name of Notary typed, printed or Form stamped)

Please download and complete this form.



Upload the notarized the COPCN Notary Form here

[Change File](#) 2026-05-07_063118.pdf

Name

COPCN Notary Form

Document Type

Supporting Documents

Application Type

	Initial	Renewal
Wheelchair Transport	<input checked="" type="checkbox"/>	
Stretcher Transport	<input checked="" 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

TruCare Transport

*Street 1

15985 Preserve Marketplace #1018

Street 2

15985 Preserve MarketPlace #1018

*Postal Code

33556

City

Odessa

State

Florida

Phone

813 - 373 - 2606 Ext:

Fax

*Hours of operation

5am to 10pm

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

Fuentes Perez, Arlis (565001)

*Work Phone

813 - 373 - 2606 Ext:

Email

trucairetransport17@gmail.com

Position

Vice Officer/Director

*Search Contact

Fuentes Perez, Arlis (565001)

*Work Phone

813 - 373 - 2606 Ext:

*Email

trucairetransport17@gmail.com

Position

Business Hours Point-of-Contact

*Search Contact

Fuentes Perez, Arlis (565001)

*Work Phone

813 - 373 - 2606 Ext:

*Email

trucairetransport17@gmail.com

Position

After Hours Point-of-Contact

*User

Fuentes Perez, Arlis (565001)

*Work Phone

813 - 373 - 2606 Ext:

*Email

trucaretransport17@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

af

*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

af

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

af

Section 8.1

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

*Initials

af

Section 8.1

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

*Initials

af

Section 8.1

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

*Initials

af

Vehicles (Form C)

Section 1

Vehicle	Unit Number	Vehicle Tag Number	Vehicle Identification Number(VIN)	Active
<input checked="" type="checkbox"/> 997f7aaf-13a6-f011-ac1d-0a0b1a134b9d	20	DZ85JK	1FTYR2CM4KKA63287	Yes
<input checked="" type="checkbox"/> 3a8cfe6d-a1a0-46ba-a971-18005d0dca3c	10	26EBMJ	1FTSS3LXEDA86201	Yes
<input checked="" type="checkbox"/> [New]	30	75GDWZ	1FTNS2EW1EDB00682	Yes
<input checked="" type="checkbox"/> [New]	40	000000	1FTNS2EW5EDA51129	No

Personnel (Form D)

Section 1

meggers	User	Position
<input checked="" type="checkbox"/> 560001	Fuentes Perez, Arlis (565001)	Primary Contact, Operations Officer, WCT Admin Support
<input checked="" type="checkbox"/>	Jimenez Cabrera, Felix (565002)	

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

CPS8360444

Issued Date

01/20/2026 [Today](#)

Expiration Date

01/20/2027 [Today](#)

*Insurance Verification

[Change File](#) Pinellas County (2).pdf

Name

Prime

Document Type

Insurance Verification

Certificate of Incorporation

*Certificate of Incorporation

[Change File](#) 2026-05-08_024277 (1).pdf

Name

Certificate of Incorporation

Document Type

Certificate of Incorporation

Retail Rate Schedule

*Retail Rate Schedule

[Change File](#) Rates of Reimbursement for Westchester Gardens.docx.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](#) 2026-05-08_024277.pdf

Name

Certification of Fictitious Name

Document Type

Certification of Fictitious Name

Signature

Signature

*Today's Date

05/08/2026

[Today](#)

*Signature

Signed on May 11, 2026 10:09:48 AM by Arlis Fuentes Perez



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/08/2026

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 G. Zein Insurance Services 501 E. Las Olas Blvd Ste 300 Fort Lauderdale FL 33301		CONTACT NAME: George Zein PHONE (A/C, No, Ext): (954) 454-9599 E-MAIL ADDRESS: g.zein@floridainsurance.ws FAX (A/C, No):	
INSURED TRUCARE Transport LLC 15985 Preserve Market Place #1018 Odessa FL 33556		INSURER(S) AFFORDING COVERAGE INSURER A: SCOTTSDALE INSURANCE INSURER B: PRIME INSURANCE INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 41297 12588	

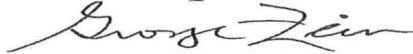
COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: Loading/Unloading:\$15,0C			CPS8360444	01/20/2026	01/20/2027	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 SEXUAL ABUSE \$ 100,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			PC25112232	11/22/2025	11/22/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP \$ 10,000
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ 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	N/A				PER STATUTE OTH-ER 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**CANCELLATION**

Pinellas County A Political Division of the State of Florida 400 South 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 
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[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

Detail by Entity Name

Florida Limited Liability Company
TRUCARE TRANSPORT LLC

Filing Information

Document Number	L23000156952
FEI/EIN Number	35-2799382
Date Filed	03/29/2023
State	FL
Status	ACTIVE

Principal Address

15985 Preserve MarketPlace
#1018
ODESSA, FL 33556

Changed: 03/20/2024

Mailing Address

15985 Preserve MarketPlace
#1018
ODESSA, FL 33556

Changed: 03/20/2024

Registered Agent Name & Address

FUENTES PEREZ, ARLIS
15985 Preserve MarketPlace
#1018
ODESSA, FL 33556

Address Changed: 03/06/2026

Authorized Person(s) Detail

Name & Address

Title AMBR

FUENTES PEREZ, ARLIS Transport
15985 Preserve Marketplae
#1018
ODESSA, FL 33556

Annual Reports

Report Year	Filed Date
2024	04/30/2024
2025	02/27/2025
2026	03/06/2026

Document Images

03/06/2026 -- ANNUAL REPORT	View image in PDF format
02/27/2025 -- ANNUAL REPORT	View image in PDF format
04/30/2024 -- ANNUAL REPORT	View image in PDF format
03/29/2023 -- Florida Limited Liability	View image in PDF format

RATES of REIMBURSEMENT 2025 - 2026

Monday – Friday, 7:00 AM – 5:00 PM

One-Way Direct-Pay Rates
Ambulatory: \$40.00 pickup
Wheelchair: \$50.00 pickup
Stretcher: \$150.00 pick-up
Assistant: \$65.00
Loaded Mileage: \$5.00 per mile
Unloaded Miles: \$2.50 (15 miles or more)
Bariatric Patient (above 250 lbs.): \$65.00
Wait time: \$30.00 per 30 minutes
Isolation Fee (COVID/MRSA Positive): \$120.00

One-way Wheelchair Transport	Additional Fee
Monday – Friday, 5:01 PM – 11:00 PM	\$20.00
Monday – Friday, 11:01 PM – 6:59 AM	\$80.00
Saturday and/or Sunday	\$20.00
Any Federal Holidays	\$80.00

One-way Stretcher Transport	Additional Fee
Monday – Friday, 5:01 PM – 11:00 PM	\$40.00
Monday – Friday, 11:01 PM – 6:59 AM	\$80.00
Saturday and/or Sunday	\$80.00
Any Federal Holidays	\$80.00

CANCELTION NOTICE: ALL No-Show arrivals or transports canceled within 30 minutes of pick-up time will incur the cost of a one-way transport.



(813) 373-2606
 15985 Preserve Marketplace #1018
 Odessa, FL 33556
www.TruCare-Transport.com