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
MedFleet, LLC	_____ A.M. to _____ ☐A.M. / ☐P.M.
ADDRESS 1:	PHONE:
12200 US Highway 19	727-849-6849
ADDRESS 2:	FAX:
CITY, STATE, ZIP CODE:	
Hudson, FL 34667	

OFFICER/DIRECTOR NAME & TITLE:	PHONE NUMBER & E-MAIL:
Jeff Taylor, Chief Operating Officer	925-789-0401, jtaylor@medfleet.com
VICE OFFICER/DIRECTOR NAME & TITLE:	PHONE NUMBER & E-MAIL:
Brian Haff, Director of Support Services	352-251-6953, bhaff@medfleet.com
BUSINESS HOURS POINT-OF-CONTACT:	PHONE NUMBER & E-MAIL:
Jeff Taylor, Chief Operating Officer	925-789-0401, jtaylor@medfleet.com
AFTER HOURS POINT-OF-CONTACT:	PHONE NUMBER & E-MAIL:
Jeff Taylor, Chief Operating Officer	925-789-0401, jtaylor@medfleet.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:
Jeff Taylor	05/29/25

STATE OF FLORIDA
COUNTY OF Pasco

Subscribed and sworn to (or affirmed) before me this 05/30/25 by Jeff Taylor, who is/are personally known to me or has/have produced personally Known as identification.

(SEAL) Notary Public State of Florida
Louise I Meserve
My Commission HH 532771
Expires 5/29/2028

Louise I. Meserve

(Name of Notary typed, printed or Form stamped)

Pinellas County EMS & FIRE ADMINISTRATION

WHEELCHAIR/STRETCHER SERVICE
RECORD KEEPING VERIFICATION FORM

Pinellas County Rules and Regulations, as Amended

Name of Service: MedFleet, LLC.

Date: May 27, 2025

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

Pinellas County EMS & FIRE ADMINISTRATION

WHEELCHAIR VEHICLE ROSTER
Pinellas County Rules and Regulations, as Amended

Name of Service: MedFleet, LLC Page: 1 of 1

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.	405	MIR55F	1FMZK1CM9GKB18807													
2.	406	MIR54F	1FMZK1CM2GKB18812													
3.	408	MIR57F	1FTYR2CM0HKA02088													
4.	409	MIR58F	1FTYR2CM2HKA02089													
5.	416	MIR61F	1FTYE2CM4JKB21957													
6.	421	NQIK71	1FTYR1CM2KKB60952													
7.	422	NQIK72	1FTYR1CM4KKB60953													
8.																
9.																
10.																
11.																
12.																

Form C-1 Rev. 02/06/2017

EMS INSPECTOR: _____ Date: _____

Pinellas County EMS & FIRE ADMINISTRATION

STRETCHER VAN ROSTER
Pinellas County Rules and Regulations, as Amended

Name of Service: _____ 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/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.															
2.															
3.															
4.															
5.															
6.															
7.															
8.															
9.															
10.															
11.															
12.															

EMS INSPECTOR: _____ Date: _____

Pinellas County EMS & FIRE ADMINISTRATION

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

Name of Service: MedFleet, LLC. Page: 1 of 1

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. Arocho, Daniel	A620176922130	6/13/2026	6/13/1992	572219
2. Grant, Tynecia	G653801028320	9/12/2026	9/12/2002	572414
3. Nigh, Richard	N200745854580	12/18/2025	12/18/1985	572228
4. Roman, Joey	R550432984190	4/27/2027	4/27/1985	572157
5. Roman, Lily	R550538029690	11/19/2028	11/19/1998	572038
6. Steele, Alisabeth	S340004027070	6/7/2031	6/7/2002	572421
7. Davison, Chelsea	D125115065130	1/13/2030	1/13/2006	551004
8. Kessner, Joshua	K256433984200	11/20/2030	11/20/1998	551012
9. Pace, Camryn	P200114049610	12/21/2028	12/21/2004	
10.				
11.				
12.				
13.				
14.				
15.				
16.				

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 7/1/2024

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 Edgewood Partners Ins. Center P.O. Box 1689 Pearl River NY 10965	**CONTACT NAME:** Jennifer Gardner **PHONE (A/C, No, Ext):** 201-661-2444 **FAX (A/C, No):** 201-661-2444 **E-MAIL ADDRESS:** jennifer.gardner@epicbrokers.com
INSURED Paramedics Logistics Operating Company, LLC 12200 US-19 North Hudson FL 34667	**INSURER(S) AFFORDING COVERAGE** / **NAIC #** **INSURER A :** Arch Indemnity Insurance Company 30830 **INSURER B :** Ironshore Specialty Insurance Co 25445 **INSURER C :** Coverys Specialty Insurance Company 15686 **INSURER D :** Arch Insurance Co. 11150 **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** 2137227316 **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	
B	X **COMMERCIAL GENERAL LIABILITY** CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:	Y	Y	HC7SAC2MCR001	7/1/2024	7/1/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 50,000 $ n/a $ Included $ 3,000,000 $ Included
D	**AUTOMOBILE LIABILITY** X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY	Y	Y	11CAB1020505	7/1/2024	7/1/2025	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 2,000,000 $ $ $
C	X **UMBRELLA LIAB** OCCUR **EXCESS LIAB** X CLAIMS-MADE DED RETENTION $	Y	Y	005TX000026610	7/1/2024	7/1/2025	EACH OCCURRENCE AGGREGATE	$ 10,000,000 $ 10,000,000
D A	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? **(Mandatory in NH)** Y / N: N If yes, describe under DESCRIPTION OF OPERATIONS below	N / A	Y	11WCI1020305 14WCI1020405	7/1/2024 7/1/2024	7/1/2025 7/1/2025	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000
B	PROFESSIONAL LIABILITY -CLAIMS MADE			HC7SAC2MCR001	7/1/2024	7/1/2025	EACH OCCURRENCE AGGREGATE SAM	1,000,000 3,000,000 INCLUDED

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Named Insureds:

- Paramedics Logistics Operating Company, LLC
- Paramedics Logistics South Dakota, LLC
- Paramedics Logistics Florida, LLC
- Paramedics Logistics Texas, LLC
- The EMS Training School, LLC
- MedFleet LLC

See Attached...

CERTIFICATE HOLDER

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

AGENCY CUSTOMER ID: _____

LOC #: _____

ADDITIONAL REMARKS SCHEDULE

AGENCY Edgewood Partners Ins. Center	NAMED INSURED Paramedics Logistics Operating Company, LLC 12200 US-19 North Hudson FL 34667
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

Professional Liability/General Liability/Umbrella Liability
-Additional Insured where required by written contract
-Waiver of Subrogation where required by written contract (General Liability and Umbrella)
-Primary & Non-Contributory where required by written contract (General Liability)
-Claims Made coverage applicable to Professional Liability and Umbrella Policies.

Automobile Liability
-Additional Insured where required by written contract
-Waiver of Subrogation where required by written contract
-Primary and Non-Contributory where required by written contract

Workers' Compensation
-Alternate Employer Endorsement
-Waiver of Subrogation as required by written contract

Certificate Holder is considered Additional Insured (except Workers Comp) and Waiver of Subrogation applies (except Professional Liability) where required by written contract, provided the written contract is executed prior to the "claim" being made or the "suit" being brought. Subject to all policy terms, conditions, exclusions. General Liability and Auto Liability are written on a Primary and Non-Contributory basis where required by written contract.

2025 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2025
Secretary of State
5941227703CC

DOCUMENT# M19000011922

Entity Name: MEDFLEET, LLC

Current Principal Place of Business:

12200 US-19 NORTH
HUDSON, FL 34667

Current Mailing Address:

12200 US-19 NORTH
HUDSON, FL 34667 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: HERMAN SCHWARZ 02/22/2025

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MANAGER
Name	PARAMEDICS LOGISTICS OPERATING COMPANY, LLC
Address	12200 US-19 NORTH
City-State-Zip:	HUDSON FL 34667

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: JEFF TAYLOR AUTHORIZED PERSON 02/22/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date

M19000001922

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

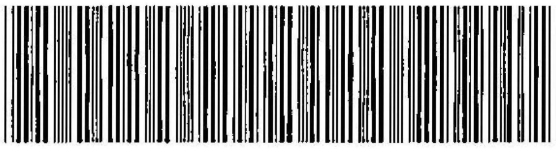
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300337983533

FILED
2019 DEC 13 PM 4:46
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 099989 4300426

AUTHORIZATION :

COST LIMIT : $ 125.00

FILED
2019 DEC 13 PM 4:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : December 12, 2019

ORDER TIME : 10:02 AM

ORDER NO. : 099989-005

CUSTOMER NO: 4300426

FOREIGN FILINGS

NAME: MEDFLEET, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX ____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT# 62980

EXAMINER: _____

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: MedFleet, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Name of Person

Firm/Company

Address

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

FILED
2019 DEC 13 PM 4:46
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

JASON PACHTER at (212) 294-6783
Name of Contact Person — Area Code — Daytime Telephone Number

MAILING ADDRESS:
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:
Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ $125.00 Filing Fee ☐ $130.00 Filing Fee & Certificate of Status ☐ $155.00 Filing Fee & Certified Copy ☐ $160.00 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. MedFleet, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.")

2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 115 Jordan Plaza Blvd.
(Street Address of Principal Office)
Suite 200
Tyler, TX 75704

6. 115 Jordan Plaza Blvd.
(Mailing Address)
Suite 200
Tyler, TX 75704

FILED
2019 DEC 13 PM 4:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, 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.

Amanda E. Robinson
(Registered agent's signature)

Amanda Robinson
Asst. Vice President

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
☐ Manager	Name: Paramedics Logistics Operating Company, LLC	☐ Manager	Name:
☒ Member	Address: 115 Jordan Plaza Blvd.	☐ Member	Address:
☐ Authorized Person	Suite 200 Tyler, TX 75704	☐ Authorized Person	
☐ Other	☐ Other	☐ Other	☐ Other
☐ Manager	Name:	☐ Manager	Name:
☐ Member	Address:	☐ Member	Address:
☐ Authorized Person		☐ Authorized Person	
☐ Other	☐ Other	☐ Other	☐ Other
☐ Manager	Name:	☐ Manager	Name:
☐ Member	Address:	☐ Member	Address:
☐ Authorized Person		☐ Authorized Person	
☐ Other	☐ Other	☐ Other	☐ Other

2019 DEC 13 PM 4:46

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of an authorized person

Michael Odrich, President of Member

Typed or printed name of signee

MEDFLEET, INC.
14561 58th Street, North
Clearwater, FL 33760

WRITTEN CONSENT FOR A FOREIGN ENTITY'S USE OF A NAME THAT IS NOT DISTINGUISHABLE FROM MEDFLEET, INC.

(a Florida corporation)

The undersigned does hereby certify, as an Authorized Person of MedFleet, Inc., a Florida corporation (the "Company"), and not as an individual, as follows:

1. The Company has been notified that MedFleet, LLC, a Delaware limited liability company (the "Applicant"), is submitting an application for authorization to transact business in the State of Florida (the "Application"), pursuant to the Florida Revised Limited Liability Company Act (the "Act").

2. The Company has been notified that the Applicant seeks to transact business in the State of Florida under its current name.

3. The Company understands that Section 605.0902(1)(a) of the Act indicates that the Application must contain a name that complies with Section 605.0112 of the Act.

4. The Company understands that Section 605.0112(b) indicates that, because the Applicant's name is not distinguishable from the Company's name, the Applicant must obtain consent from the Company to file the Application.

5. The Company consents to the Applicant's use of the name MedFleet, LLC on the Application and to transact business in the State of Florida.

MEDFLEET, INC.

Authorized Person

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEDFLEET, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWELFTH DAY OF DECEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MEDFLEET, LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF OCTOBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

2019 DEC 13 PM 4:46

Jeffrey W. Bullock, Secretary of State

7629997 8300

SR# 20198611860

Authentication: 204206558

Date: 12-12-19

You may verify this certificate online at corp.delaware.gov/authver.shtml

Rate Description	HCPC Code	2025 UCR
Bariatric Add-On + Service Level Base Rate	A0999	$ 330.75
ALS 1 Emergent	A0427	$ 975.71
ALS 1 Non-Emergent	A0426	$ 777.26
ALS 2	A0433	$ 1,168.65
BLS Emergent	A0429	$ 647.17
BLS Non-Emergent	A0428	$ 452.03
Specialty Care Transport (Critical Care Paramedic)	A0434	$ 1,941.50
Stretcher Transport Charge	A0110	$ 330.75
Ambulance Mileage (ALL)	A0425	$ 19.42
Stretcher Mileage Charge	T2049	$ 11.03
Dead Head per Hr >100miles	A0999	$ 385.88
Extra ambulance attendant (ALS, BLS, SCT)	A0424	$ 161.79
Treatment W/O Transport	A0998	$ 388.30
Oxygen	A0422	$ 126.79
Special Event ALS Dedicated		$ 385.88
Special Event BLS Dedicated		$ 259.09
Special Event CCT Dedicated		$ 606.38
ALS Wait Time - Hour (After 45 minutes for every 15 minutes or fraction thereof)	A0420	$ 243.93
BLS Wait Time - Hour (After 45 minutes for every 15 minutes or fraction thereof)	A0420	$ 113.01
SCT Wait Time - Hour (After 45 minutes for every 15 minutes or fraction thereof)	A0420	$ 485.38
Stretcher Wait Time - Hour (After 45 minutes for every 15 minutes or fraction thereof)	A0420	$ 82.69