



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: My MediRides DBA Trinity Wheelchair Transport		HOURS OF OPERATION: <input type="checkbox"/> 24-HOUR 4:30 A.M. to 6:00 P.M. <input checked="" type="checkbox"/> P.M.
ADDRESS 1: 5328 Trouble Creek Road		PHONE: 813.419.1958
ADDRESS 2:		FAX:
CITY, STATE, ZIP CODE: New Port Richey, FL, 34652		
OFFICER/DIRECTOR NAME & TITLE: Vivake Abraham	PHONE NUMBER & E-MAIL: 813.406.0044 - Ops@mymedirides.com	
VICE OFFICER/DIRECTOR NAME & TITLE: Jason Kora	PHONE NUMBER & E-MAIL: 813.385.1738 - Info@mymedirides.com	
BUSINESS HOURS POINT-OF-CONTACT: Jimmy Kora	PHONE NUMBER & E-MAIL: 813.451.8864 - Ops@mymedirides.com	
AFTER HOURS POINT-OF-CONTACT: Jimmy Kora	PHONE NUMBER & E-MAIL: 813.451.8864	
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: 5/30/2025	
STATE OF FLORIDA COUNTY OF <u>Hillsborough</u>		
Subscribed and sworn to (or affirmed) before me this <u>5/30/2025</u> by <u>Jimmy Kora</u> , who is/are personally known to me or has/have produced <u>drivers license</u> as identification.		
<div> (SEAL) </div> <div><u>Brianna Province</u> (Name of Notary typed, printed or Form stamped)</div>		



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

Pinellas County Rules and Regulations, as Amended

Name of Service: My MediRides DBA Trinity Wheelchair Transport

Date: 5/30/2025

Section	Inspection Items	Initials
8.1	Record all telephone lines when used for requests for transport, including cell phones.* *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>J.K.</u> <u> </u>
8.1	Written record contains: <ul style="list-style-type: none">• 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)	<u> </u> <u>J.K.</u> <u>J.K.</u> <u>J.K.</u> <u>J.K.</u> <u>J.K.</u> <u>J.K.</u>
8.1	Audio dispatch records shall be kept for a minimum of six (6) months.	<u>J.K.</u>
8.1	Written or electronic dispatch shall be kept for a minimum of three (3) years.	<u>J.K.</u>
8.1	Dispatch audio & written/electronic records shall be available for inspection.	<u>J.K.</u>



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

Name of Service: My MediRides DBA Trinity Wheelchair Transport 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. Jimmy Kora	K600-433-92-142-0	4/22/2030	04/22/1992	
2. Thomas Wilson	W425-832-77-030-0	01/30/2032	01/30/1977	
3. Alexzia Brandon	B653-018-81-963-0	12/23/2026	12/23/1981	
4.				
5.				
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16.				



Page: _____ of _____

Date: _____

EMS INSPECTOR:

Form C-1 Rev. 02/06/2017

[illegible]



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/30/2025

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 Professional Insurance Center, Inc. 2003 West Kennedy Blvd Tampa, Florida 33606	Phone: (813)251-4900 Fax: (813)253-2676	CONTACT NAME: Professional Insurance Center PHONE (A/C, No, Ext): (813)251-4900 FAX (A/C, No): (813)253-2676 E-MAIL ADDRESS: Professional-Insurance@piconline.com																					
INSURED My Medi Rides LLC 5328 Trouble Creek Rd New Port Richey, FL 34652	<table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>ATEGRITY SPECIALTY INSURANCE COMPANY</td><td>16427</td></tr><tr><td>INSURER B:</td><td>CABLE INSURANCE COMPANY</td><td>16572</td></tr><tr><td>INSURER C:</td><td></td><td></td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	ATEGRITY SPECIALTY INSURANCE COMPANY	16427	INSURER B:	CABLE INSURANCE COMPANY	16572	INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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INSURER D:																							
INSURER E:																							
INSURER F:																							

COVERAGES

CERTIFICATE NUMBER: 2645

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 checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		N	01-C-PK-P20140177-0 SEXUAL &/OR PHYSICAL ABUSE COVERAGE INCLUDED	5/1/2025	5/1/2026	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ Excluded
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
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		N	CICFL000510-02	4/27/2025	4/27/2026	COMBINED SINGLE LIMIT (Ea accident)	\$ 300,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB EXCESS LIAB 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) Continued on Attached Supplement.

CERTIFICATE HOLDER IS AN ADDITIONAL INSURED
2014 - DODGE - GRAND CARAVAN - 2C4RDGCG6ER210497
2014 - DODGE - GRAND CARAVAN - 2C4RDGBG3ER309599
2015 - DODGE - GRAND CARAVAN - 2C4RDGCG5FR566795
2016 - DODGE - GRAND CARAVAN - 2C4RDGBG6GR388950
2012 - DODGE - GRAND CARAVAN - 2C4RDGDG8CR108937
2010 - DODGE - GRAND CARAVAN - 2D4RN4DEGAR497488

CERTIFICATE HOLDER

Holder's Nature of Interest : Additional Insured

Pinellas County, A Political Subdivision of the State of Florida

400 S 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

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DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (CONTINUED) :

2005	-	DODGE	-	GRAND CARAVAN	-	2D4GP44L05R195958
2007	-	DODGE	-	GRAND CARAVAN	-	1D4GP24R77B256507
2017	-	DODGE	-	GRAND CARAVAN	-	2C4RDGCGXHR858445
2011	-	DODGE	-	GRAND CARAVAN	-	2D4RN5DG6BR688613
2011	-	DODGE	-	GRAND CARAVAN	-	2D4RN5DG8BR775042
2006	-	DODGE	-	GRAND CARAVAN	-	2D4GP44L96R630266
2014	-	DODGE	-	GRAND CARAVAN	-	2C4RDGCG9ER128375
2020	-	DODGE	-	CHARGER	-	2C3CDXCT8LH233256



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

Detail by Entity Name

Florida Limited Liability Company
MY MEDI RIDES LLC

Filing Information

Document Number	L23000064129
FEI/EIN Number	92-2137536
Date Filed	02/03/2023
Effective Date	02/01/2023
State	FL
Status	ACTIVE

Principal Address

5328 TROUBLE CREEK ROAD
NEW PORT RICHEY, FL 34652 UN

Mailing Address

5328 TROUBLE CREEK ROAD
NEW PORT RICHEY, FL 34652 UN

Registered Agent Name & Address

ABRAHAM, VIVAKE M
5328 TROUBLE CREEK ROAD
NEW PORT RICHEY, FL 34652

Authorized Person(s) Detail

Name & Address

Title MGR

ABRAHAM, VIVAKE M
5328 TROUBLE CREEK ROAD
NEW PORT RICHEY, FL 34652 UN

Title MGR

KORA, JASON M
3411 GRAY WHETSTONE STREET
BRANDON, FL 33511

Title MGR

KORA, JIMMY M
211 ROSANA DRIVE
BRANDON, FL 33511

Annual Reports

Report Year	Filed Date
2024	04/30/2024
2025	04/28/2025

Document Images

04/28/2025 -- ANNUAL REPORT	View image in PDF format
04/30/2024 -- ANNUAL REPORT	View image in PDF format
02/03/2023 -- Florida Limited Liability	View image in PDF format

Private Pay Rates

Level of Service	Load fee (one way)	Load fee (round trip)	Rate per mile (up to 25 miles)	Rate per mile (beyond 25 miles)
Ambulatory	\$50	\$90	\$1.50	\$2.00
Wheelchair	\$60	\$110	\$1.50	\$2.00

Waiting charge - \$30/hr