



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 LLC
HOURS OF OPERATION: 4:30 A.M. to 6:00 P.M.
ADDRESS 1: 5328 TROUBLE CREEK RD
PHONE: 813 419 1958

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 OPS@MYMEDIRIDES.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: [Signature] DATE: 5/8/2026

STATE OF FLORIDA
COUNTY OF Hillsborough

Subscribed and sworn to (or affirmed) before me this 5/8/2026 by Jimmy Kora, who is/are personally known to me or has/have produced FLDL as identification.



Jaylyn polanco
(Name of Notary typed, printed or Form stamped)

Cover Page

Application for COPCN

Application for Certificate of Public Convenience and Necessity

Please download and complete this form.

Upload the notarized the COPCN Notary Form here

Notarized COPCN.pdf

Name

Document Type

COPCN (Form A)

Section 1

Application Type

| | Initial | Renewal |
|------------------------------|-------------------------------------|---------|
| Wheelchair Transport | <input checked="" 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

Partnership 

Company Information (Form A)

Company Information

Organization Name

My MediRides d/b/a Trinity Wheelchair Transportation

*Street 1

5328 Trouble Creek Road

Street 2

*Postal Code

34652

City

New Port Richey

State

Florida 

Phone

813 - 419 - 1958 Ext:

Fax

- -

*Hours of operation

4:30 AM - 6:00 PM

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

Abraham, Vivake

*Work Phone

813

- 406

- 0044

Ext:

Email

ops@mymedirides.com

Position

Vice Officer/Director

*Search Contact

Kora, Jason

*Work Phone

813

- 385

- 1738

Ext:

*Email

info@mymedirides.com

Position

Business Hours Point-of-Contact

*Search Contact

Kora, Jason

*Work Phone

813

- 451

- 8864

Ext:

*Email

INFO@mymedirides.com

Position

After Hours Point-of-Contact

*User

Kora, Jason



*Work Phone

813

- 451

- 8864

Ext:

*Email

DISPATCH@mymedirides.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

JK

*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

JK

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

JK

Section 8.1

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

*Initials

JK

Section 8.1

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

*Initials

JK

Section 8.1

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

*Initials

JK

Vehicles (Form C)

Section 1

| Vehicle | Unit Number | Vehicle Tag Number | Vehicle Identification Number(VIN) | Active |
|---------|-------------|--------------------|------------------------------------|--------|
| 60 | 59 | GLTP14 | 2D4GP44L96R630266 | Yes |
| 62 | 62 | XGH191 | 2C4RDGCGXHR858445 | Yes |
| 63 | 63 | XGH192 | 2D4RN5DG6BR688613 | Yes |
| 64 | 64 | XGH193 | 2C4RDGDG8CR108937 | Yes |
| [New] | 51 | BM53BI | 2C4RDGCG6ER210497 | Yes |
| [New] | 52 | BM63BI | 2C4RDGCG6ER210497 | Yes |
| [New] | 57 | RMFT51 | 2D4RN4DEGAR497488 | Yes |

Personnel (Form D)

Section 1

| meggors | User | Position |
|---------|------------------------|-------------------------------------|
| | Abraham, Vivake (none) | WCT Admin Support, Officer/Director |
| | Kora, Jason (none) | WCT Admin Support |

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

Change File

PINELLAS COUNTY COI 2026-2027.pdf

Name

Document Type

Certificate of Incorporation

*Certificate of Incorporation

Change File

ConvertTiffToPDF.pdf

Name

Document Type

Retail Rate Schedule

*Retail Rate Schedule

[Change File](#) My MediRides Rates 5.8.2026.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

[Upload File](#)

Name

Certification of Fictitious Name

Document Type

Certification of Fictitious Name

Signature

Signature

*Today's Date

05/08/2026

Today

*Signature

Signed on May 8, 2026 3:39:46 PM by Jason Kora



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/28/2026

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 Professional Insurance Center, Inc. 2003 West Kennedy Blvd Tampa, Florida 33606 | Phone: (813)251-4900 Fax: (813)253-2676 | CONTACT NAME: Damien Rodriguez PHONE (A/C, No, Ext): (813)251-4900 E-MAIL ADDRESS: DAMIEN@PICONLINE.COM | FAX (A/C, No): (813)253-2676 |
| | INSURER(S) AFFORDING COVERAGE | | NAIC # |
| INSURED My Medi Rides LLC 5328 Trouble Creek Rd New Port Richey, FL 34652 | | INSURER A: Aspen Specialty Insurance Company | 10717 |
| | | INSURER B: Mitsui Sumitomo Insurance Company Of America | 20362 |
| | | INSURER C: | |
| | | 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"/> PROJECT <input type="checkbox"/> LOC OTHER: | | N | ASPDAH0029800 SEXUAL &/OR PHYSICAL ABUSE COVERAGE INCLUDED | 4/27/2026 | 4/27/2027 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 | |
| B | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY | | N | BVR8407764 | 4/27/2026 | 4/27/2027 | COMBINED SINGLE LIMIT (Ea accident) \$ 300,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ | |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTIONS | | | | | | 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 <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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
 2016 - DODGE - GRAND CARAVAN - 2C4RDGBG6GR388950
 2012 - DODGE - GRAND CARAVAN - 2C4RDGDG8CR108937
 2010 - DODGE - GRAND CARAVAN - 2D4RN4DE6AR497488
 2017 - DODGE - GRAND CARAVAN - 2C4RDGCGXHR858445

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) :

2011 - DODGE - GRAND CARAVAN - 2D4RN5DG6BR688613
2006 - DODGE - GRAND CARAVAN - 2D4GP44L96R630266
2014 - DODGE - GRAND CARAVAN - 2C4RDGCG9ER128375

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L23000064129
FILED 8:00 AM
February 03, 2023
Sec. Of State
oisimmons

Article I

The name of the Limited Liability Company is:

MY MEDI RIDES LLC

Article II

The street address of the principal office of the Limited Liability Company is:

5328 TROUBLE CREEK ROAD
NEW PORT RICHEY, FL. UN 34652

The mailing address of the Limited Liability Company is:

5328 TROUBLE CREEK ROAD
NEW PORT RICHEY, FL. UN 34652

Article III

Other provisions, if any:

WHEELCHAIR TRANSPORTATION SERVICES AND ANY OTHER LAWFUL
SERVICE PERMITTED BY THE STATE OF FLORIDA

Article IV

The name and Florida street address of the registered agent is:

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

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: VIVAKE M ABRAHAM

Article V

The name and address of person(s) authorized to manage LLC:

Title: MGR
VIVAKE M ABRAHAM
5328 TROUBLE CREEK ROAD
NEW PORT RICHEY, FL. 34652 UN

Title: MGR
JASON M KORA
3411 GRAY WHETSTONE STREET
BRANDON, FL. 33511

Title: MGR
JIMMY M KORA
211 ROSANA DRIVE
BRANDON, FL. 33511

L23000064129
FILED 8:00 AM
February 03, 2023
Sec. Of State
oisimmons

Article VI

The effective date for this Limited Liability Company shall be:

02/01/2023

Signature of member or an authorized representative

Electronic Signature: VIVAKE M ABRAHAM

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.



My MediRides

RATE SHEET

| ONE WAY | | |
|------------------|----------|--------------------------------|
| Level of Service | Load Fee | Rate per mile (after 10 miles) |
| Ambulatory | \$55 | \$1.50 |
| Wheelchair | \$65 | \$2.00 |
| Bariatric | +\$10 | \$2.00 |

Waiting Charge - \$15 per 30 minutes

No mileage charge for the first 10 miles of a trip.