

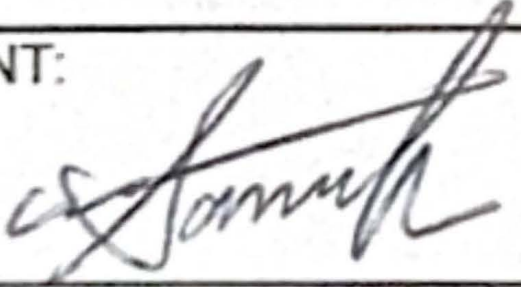

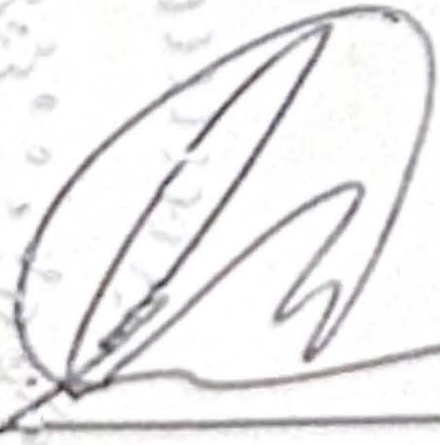


APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

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: Rydepoint Medical Transport		HOURS OF OPERATION: <input type="checkbox"/> 24-HOUR 6 A.M. to 6 <input type="checkbox"/> A.M. / <input checked="" type="checkbox"/> P.M.
ADDRESS 1: 7904 Bally Money Rd		PHONE: 813-753-8598
ADDRESS 2:		FAX:
CITY, STATE, ZIP CODE: Tampa, FL 33610		
OFFICER/DIRECTOR NAME & TITLE: Samiul Hoque	PHONE NUMBER & E-MAIL: 774-519-9960	
VICE OFFICER/DIRECTOR NAME & TITLE: Todd Blackwood	PHONE NUMBER & E-MAIL: 813-753-8598 info@rydepoint.com	
BUSINESS HOURS POINT-OF-CONTACT: Use Todd or Sam	PHONE NUMBER & E-MAIL:	
AFTER HOURS POINT-OF-CONTACT:	PHONE NUMBER & E-MAIL:	
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: 05/23/25
STATE OF FLORIDA MASSACHUSETTS COUNTY OF Worcester		
Subscribed and sworn to (or affirmed) before me this 05/29/2025 by Samiul Hoque , who is/are personally known to me or has/have produced MASS DL as identification.		
 (SEAL) 		SHUBHAM GARG Notary Public, Commonwealth of Massachusetts My Commission Expires June 23, 2028
(Name of Notary typed, printed or Form stamped)		

***User**

Blackwood, Todd



***Work Phone**

813

-

753

-

8598

Ext:

***Email**

info@rydepoint.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**

TB

*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**

TB

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**

TB

Section 8.1

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

***Initials**

TB

Section 8.1

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

***Initials**

TB

Section 8.1

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

***Initials**

TB

Vehicles (Form C)

Section 1

***Vehicle**

1

Unit Number

1

Vehicle Tag Number

63BNPI

***Vehicle Identification Number(VIN)**




2C4RDGB3GR284979

***Active**

☒ Yes ☐ No

Personnel (Form D)

Section 1

meggers	User	Position
	Blackwood, Todd (none)	WCT Admin Support, Vice Officer/Director
	Hoque, Samiul (none)	Officer/Director
 558001	Nguyen, Hung N (558001)	

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

CICFL000245-03

Issued Date

04/20/2025

Today

Expiration Date

04/20/2026

Today

***Insurance Verification**

 **Change File** Rydepoint COI 25-26.pdf

Name

Insurance Verification

Document Type

Insurance Verification

Certificate of Incorporation

***Certificate of Incorporation**

Change File

LLC Doc Pin.pdf

Name

Certificate of Incorporation

Document Type

Certificate of Incorporation

Retail Rate Schedule

***Retail Rate Schedule**

Change File

Rydepoint Costs - rates.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**

05/27/2025

Today

***Signature**

Signed on May 27, 2025 12:45:13 PM by Todd Blackwood



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/16/2025

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 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	Cable Underwriters 221 West Oakland Park Boulevard Ft. Lauderdale FL 33311	CONTACT NAME: Cable Underwriters PHONE (A/C, No, Ext): (954) 563-3000 E-MAIL ADDRESS: certificate@cableinsurance.com FAX (A/C, No): INSURER(S) AFFORDING COVERAGE NAIC #
INSURED	RYDEPOINT MEDICAL TRANSPORT, LLC 11618 Highbury Way Tampa FL 33626	INSURER A: CABLE INSURANCE COMPANY 16572 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

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
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$
	CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$
	POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/>						PRODUCTS - COMP/OP AGG \$
	OTHER:						\$
A	AUTOMOBILE LIABILITY			CICFL000245-03	04/20/2025	04/20/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 300,000
	ANY AUTO						BODILY INJURY (Per person) \$
	ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> SYM 7 0						\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N <input type="checkbox"/>	N / A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						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)

NATURE OF INTEREST: CERTIFICATE HOLDER

CERTIFICATE HOLDER

CANCELLATION

PINELLAS COUNTY, A POLITICAL SUBDIVISION OF STATE OF FLORIDA 400 SOUTH FORT HARRISON AVENUE 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 <i>Michael Sablin</i>
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Schedule of Vehicles

POLICY NUMBER: CICFL000245-03

POLICY PERIOD: 04/20/2025 to 04/20/2026

AGENT: Cable Underwriters

CARRIER: Cable Insurance Company

PRIMARY NAMED INSURED

RYDEPOINT MEDICAL TRANSPORT, LLC

11618 Highbury Way

Tampa, FL 33626

					VIN
1	2016	DODGE/GRAND CARAVAN	City: Tampa		2C4RDGBG3GR284979
<i>Status:</i> No Change		<i>Comp Deduct:</i> \$1,000	<i>Coll Deduct:</i> \$1,000	<i>Liability:</i> \$300,000 / PIP	
2	2020	FORD/TRANSIT	City: Tampa		NM0GE9E23L1473899
<i>Status:</i> No Change		<i>Comp Deduct:</i> \$1,000	<i>Coll Deduct:</i> \$1,000	<i>Liability:</i> \$300,000 / PIP	

Total Vehicles on this Policy: 2

Schedule of Drivers

POLICY NUMBER: CICFL000245-03

POLICY PERIOD: 04/20/2025 to 04/20/2026

AGENT: Cable Underwriters

CARRIER: Cable Insurance Company

PRIMARY NAMED INSURED

RYDEPOINT MEDICAL TRANSPORT, LLC

11618 Highbury Way
Tampa, FL 33626

DRV#	NAME	STATUS	LIC NUM	LIC ST
1	LISA ALGER	Approved 09/06/2024	A426533777460	FL
2	ROBERT ANTHONY CHRISTOPHER FORD	Approved 11/21/2024	F630761850510	FL
3	TYLER WALLS	Approved 11/04/2022	W420802883480	FL
4	HUNG NGUYEN	Approved 05/07/2025	N250334693460	FL

Total Drivers on this Policy: 4

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000369415

Entity Name: RYDEPOINT MEDICAL TRANSPORT, LLC

Current Principal Place of Business:

7904 BALLY MONEY RD
TAMPA, FL 33610

Current Mailing Address:

7904 BALLY MONEY RD
TAMPA, FL 33610 US

FEI Number: 33-4156234

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ZEN BUSINESS INC.
336 E. COLLEGE AVE.
#301
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: SAMIUL HOQUE

04/10/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name STN FLEET SERVICES, LLC
Address 7904 BALLY MONEY RD
City-State-Zip: TAMPA FL 33610

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: TODD BLACKWOOD

EXECUTIVE

04/10/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date

Rydepoint Medical Transport Rates				
	Weekday	Weekend	Holiday	
Wheelchair – Base Rate	\$45 - \$50	\$75 - \$90	\$85 - \$100	
Additional Mileage Fees	\$3 - \$5 per mile	\$5 - \$7 per mile	\$5 - \$10 per mile	
Wait-time Fees (per 30 mins)	\$15 - \$30	\$15 - \$30	\$15 - \$30	
Additional Attendant Fees	\$5 - \$10	\$5 - \$10	\$5 - \$10	