

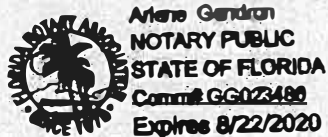


APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

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: <b>MED-TRANS WEST Johns Hopkins Childrens</b>		HOURS OF OPERATION: <input checked="" type="checkbox"/> 24-HOUR A.M. to <input type="checkbox"/> A.M. / <input type="checkbox"/> P.M.
ADDRESS 1: <b>501 6<sup>th</sup> AVENUE South Dept 7340</b>		PHONE: <b>727-767-7337</b>
ADDRESS 2: _____		FAX: <b>727-767-4837</b>
CITY, STATE, ZIP CODE: <b>St. Petersburg Fla 33701</b>		
OFFICER/DIRECTOR NAME & TITLE: <b>Gary Boullion Regional Dir</b>	PHONE NUMBER & E-MAIL: <b>770- gary.boullion@medtrans.net 377-9048</b>	
VICE OFFICER/DIRECTOR NAME & TITLE: <b>Julie Bacon Director/CFN</b>	PHONE NUMBER & E-MAIL: <b>407. julie.bacon11@jhmi.edu 432-5498</b>	
BUSINESS HOURS POINT-OF-CONTACT: <b>Julie Bacon</b>	PHONE NUMBER & E-MAIL: <b>727- 767-7337 Julie.Bacon11@jhmi.edu</b>	
AFTER HOURS POINT-OF-CONTACT: <b>Julie Bacon</b>	PHONE NUMBER & E-MAIL: <b>407 432-5498 julie.bacon11@jhmi.edu</b>	
<b>REQUIRED ATTACHMENTS:</b> 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: <b>Julie Bacon</b>	DATE: <b>11-5-19</b>	
STATE OF FLORIDA COUNTY OF <b>Pinellas</b>		
Subscribed and sworn to (or affirmed) before me this <b>5<sup>th</sup>, Nov 2019</b> by <b>JULIE BACON</b> , who <input checked="" type="checkbox"/> are personally known to me or has/have produced <b>JHACH ID</b> as identification.		
(SEAL)		
(Name of Notary typed, printed or Form stamped)		



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

**Pinellas County Rules and Regulations, as Amended**

Name of Service: MED-TRANS WEST JOHN'S HOPKINS ALL CHILDRENS

Date: Nov 1 2019

Section	Inspection Items	Initials
8.1	Record all telephone lines when used for requests for transport, including cell phones.*	<u>JB</u>
	*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>JB</u>
8.1	Written record contains: <ul style="list-style-type: none"> <li>• Date Call Received</li> <li>• Time Call Received</li> <li>• Pick-up &amp; Destination Address</li> <li>• Arrival Time at Destination</li> <li>• Client's Name</li> <li>• Person Ordering Transport</li> <li>• Telephone Number of Caller (*if applicable)</li> </ul>	<u>JB</u> <u>JB</u> <u>JB</u> <u>JB</u> <u>JB</u> <u>JB</u> <u>JB</u>
8.1	Audio dispatch records shall be kept for a minimum of six (6) months.	<u>JB</u>
8.1	Written or electronic dispatch shall be kept for a minimum of three (3) years.	<u>JB</u>
8.1	Dispatch audio & written/electronic records shall be available for inspection.	<u>JB.</u>

## MED-TRANS PILOT ROSTER

NAME ( LAST, FIRST	DATE OF BIRTH	COMMERCIAL PILOT CERT NUMBER	MEDICAL CERT /EXPIRATION
LORENZEN, RICHARD E	12/29/1959	88562143	1996467226/12-2019
NICOLLS, BECKY L	6/22/1978	2794219	2001316365/ 12-2019
TURNER, JOHN G	02/27/1965	3708898	2002043243/ 01-2020
MCKINLEY, MATTHEW J	01/09/1983	3277749	2001399057/12-2019

# Alliant/John F. Throne & Co.

John F. Throne & Co. is a division of Alliant Insurance Services, Inc.

## CERTIFICATE OF INSURANCE

CERTIFICATE HOLDER: STATE OF FLORIDA  
C/O AIR MEDICAL GROUP HOLDINGS, INC.  
209 STATE HIGHWAY 121 BYPASS, SUITE 21  
LEWISVILLE, TX 75067

NAMED INSURED: GLOBAL MEDICAL RESPONSE, INC. (FKA AIR MEDICAL GROUP HOLDINGS, INC.), AIR MEDICAL GROUP HOLDINGS, LLC AND AS MORE FULLY ENDORSED, INCLUDING MED-TRANS CORPORATION DBA SHANDSCAIR MED-TRANS CORPORATION DBA TRAUMAONE, MED-TRANS CORPORATION DBA MED-TRANS FLORIDA, AND MED-TRANS CORPORATION DBA LIFEGUARD  
209 STATE HIGHWAY 121 BYPASS, SUITE 21  
LEWISVILLE, TX 75067

POLICY PERIOD: 03/01/2019 to 09/01/2020  
INSURANCE COMPANY(IES): STARR INDEMNITY AND LIABILITY COMPANY THROUGH STARR AVIATION AGENCY, INC. (LEAD) AND FOLLOWING MARKETS AS HELD ON FILE

### AIRCRAFT LIABILITY COVERAGE

LEAD POLICY NO.: SASICOM60005619-10

WITH RESPECT TO: ALL AIRCRAFT OWNED OR OPERATED BY THE NAMED INSURED

LIABILITY COVERAGES	LIMITS OF LIABILITY	EACH OCCURRENCE
Bodily Injury Excluding Passengers	EACH PERSON \$	\$
Property Damage	\$ XXXX	\$
Passenger Bodily Injury	\$	\$
Single Limit Including Passengers	\$ XXXX	\$50,000,000
With Passenger Liability Limited To	\$	\$ XXXX

### AVIATION COMMERCIAL GENERAL LIABILITY COVERAGE

LEAD POLICY NO.: SASICOM60035119-09

LIABILITY COVERAGES:	LIMITS OF LIABILITY			
General Aggregate Limit	N/A			
Each Occurrence Limit	\$50,000,000			
Products/Completed Operations Aggregate Limit	\$50,000,000			
Personal & Advertising Injury Aggregate Limit	\$25,000,000			
Premises Medical Payments (any one person)	\$25,000			
Fire Legal Liability (any one fire)	\$2,000,000			
Hangarkeepers Liability	\$50,000,000	each aircraft	\$50,000,000	each loss
Hangarkeepers Deductible	\$10,000	each aircraft		

### OTHER COVERAGES/CONDITIONS/REMARKS

AVIATION OPERATIONS AT:  
MARION COUNTY SHANDSCAIR  
7900 SE 135<sup>TH</sup> STREET  
SUMMERFIELD, FL 34491

ANY INSURANCE EVIDENCED HEREIN THAT IS EXTENDED BEYOND COVERAGE PROVIDED TO THE NAMED INSURED SHALL NOT APPLY TO, AND NO PERSON OR ORGANIZATION TO WHOM SUCH EXTENDED COVERAGE APPLIES SHALL BE INSURED FOR BODILY INJURY OR PROPERTY DAMAGE WHICH ARISES FROM THE DESIGN, MANUFACTURE, MODIFICATION, REPAIR, SALE, OR SERVICING OF THE AIRCRAFT, AIRCRAFT PARTS, OR ANY OTHER PRODUCT BY THAT PERSON OR ORGANIZATION.

FOR INFORMATIONAL PURPOSES ONLY.

THIS CERTIFICATE DOES NOT CHANGE IN ANY WAY THE ACTUAL COVERAGES PROVIDED BY THE POLICY(IES) SPECIFIED ABOVE.

CERTIFICATE NO.: 208

DATE: 03/01/2019

BY: 

## PERSONNEL RECORDS

NAME (LAST, FIRST)	PROF. LICENSE	LICENSE ISSUE DATE	LICENSE EXPIRATION	CPR/ALS EXP
RUTTY, KRISTEN	RN9424794	01/21/2016	4/30/2021	ACLS 2022
PRAZNIK, AMY	RN9458802	04/27/2017	7/31/2020	ACLS 2022
MEEKE, CORI	RN9510502	05/08/2019	4/30/2021	ACLS 2022
BLUM, EDWARD	TT8061	03/27/1995	05/31/2021	ACLS 2021
FINCH, FAITH	RT9523	08/07/2008	05/31/2021	ACLS 2022
MCAULIFFE, JEREMY	RT7236	04/22/2003	5/31/2021	ACLS 2022
LEFKOWITZ-WEBB, SARA	APRN9200051	03/06/2008	07/31/2020	ACLS 2022
PEARCE, CARRON	RN9301513	12/15/2009	04/30/2021	ACLS 2022
SPENGLER, KRISTOPHER	RT10095	06/24/2009	05/31/2021	ACLS 2021
RHYMES, WHITTNEY	TT12959	05/01/2006	5/31/2021	ACLS 2022
LUNDEEN, CHRISTOPHER	RT16684	03/09/2018	05/31/2021	ACLS 2021
MILLER, WALTER	RT7184	03/05/2003	05/31/2021	ACLS 2022
SAYERS ONEIL GARDNER, CHERYL	RN2061792	09/18/1989	04/30/2020	ACLS 2022
OCHIPA, PATRICA	RN1850662	08/31/1987	04/30/2020	ACLS 2022
SOMONDY, LISA	RN9518735	08/20/2019	04/30/2021	ACLS 2021
ARMSTRONG, MICHELE	RN9168224	06/12/2000	04/30/2020	ACLS 2021
SHEPHERD, DEAN	RT1714	07/22/1988	05/31/2021	ACLS 2022
HULL, GLENN	RT7540	02/24/2004	05/31/2021	ACLS 2022
MONAHAN, MEGAN	RT9306	04/08/2008	05/31/2021	ACLS 2021
BACON, JULIE (PROGRAM MANAGER)	RN1797622	03/23/1987	4/30/2020	ACLS 2022