



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: <u>Express Wheelchair Transport</u>		HOURS OF OPERATION: <input type="checkbox"/> 24-HOUR <u>7</u> A.M. to <u>10</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.
ADDRESS: <u>12001 Dr. MLK Jr. Street N.</u>		PHONE: <u>727-318-0498</u>
ADDRESS 2: <u>#3803</u>		FAX:
CITY, STATE, ZIP CODE: <u>St. Petersburg, FL 33716</u>		
OFFICER/DIRECTOR NAME & TITLE: <u>Omar Suid - Owner</u>	PHONE NUMBER & E-MAIL: <u>727-318-0498</u>	
VICE OFFICER/DIRECTOR NAME & TITLE:	PHONE NUMBER & E-MAIL: <u>Expresswheelchair transport@gmail.com</u>	
BUSINESS HOURS POINT-OF-CONTACT: <u>7am-7pm</u>	PHONE NUMBER & E-MAIL:	
AFTER HOURS POINT-OF-CONTACT: <u>Omar Suid</u>	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: <u>[Signature]</u>		DATE: <u>7.23.25</u>
STATE OF FLORIDA COUNTY OF <u>Pinellas</u>		
Subscribed and sworn to (or affirmed) before me this <u>July 23, 2025</u> by <u>Omar Suid</u> , who is/are personally known to me or has/have produced <u>Florida Dr. License</u> as identification.		
(SEAL) <u>[Signature]</u>		<div style="border: 1px solid black; padding: 5px; text-align: center;">JANICE GULLICK Notary Public - State of Florida Commission # HH 434746 My Comm. Expires Oct 16, 2027 Bonded through National Notary Assn.</div>
(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: Express Wheelchair Transport, LLC

Date: 7/23/25

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>OS</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>OS</u> <u>OS</u> <u>OS</u> <u>OS</u> <u>OS OS</u> <u>OS OS</u> <u>OS</u>
8.1	Audio dispatch records shall be kept for a minimum of six (6) months.	<u>OS</u>
8.1	Written or electronic dispatch shall be kept for a minimum of three (3) years.	<u>OS</u>
8.1	Dispatch audio & written/electronic records shall be available for inspection.	<u>OS</u>



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

Name of Service: Express Wheelchair Transport 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. <u>Suid, Omar</u>	<u>5434391500000</u>	<u>09/08/32</u>	<u>09/08/82</u>	
2.				
3.				
4.				
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11.				
12.				
13.				
14.				
15.				
16.				



WHEELCHAIR VEHICLE ROSTER
Pinellas County Rules and Regulations, as Amended

Name of Service:

Express

Wheelchair Transport

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	RTS 26	2C7WDG8G9													
2		JR159806													
3.															
4.															
5.															
6.															
7.															
8.															
9.															
10.															
11.															
12.															



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/06/2025

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 JAYMUKUND INC 740 FLORIDA CENTRAL P, LONGWOOD, FL 32750	CONTACT NAME: Progressive Commercial Lines Customer and Agent Servicing PHONE (A/C, No, Ext): 1-800-444-4487 FAX (A/C, No): E-MAIL ADDRESS: progressivecommercial@email.progressive.com
	INSURER(S) AFFORDING COVERAGE INSURER A : Progressive Express Insurance Company INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :
INSURED EXPRESS WHEELCHAIR TRANSPORT LLC 12001 Dr M.L.K. Jr St N APT 3803 St. Petersburg, FL 33716	NAIC # 10193

COVERAGES

CERTIFICATE NUMBER: 446550276636159409D080625T192144

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 <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	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	N	998899376	06/16/2025	06/16/2026	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"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	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 \$
A	See ACORD 101 for additional coverage details.	N	N	998899376	06/16/2025	06/16/2026	\$

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

CERTIFICATE HOLDER

Pinellas County, A Political Subdivision
of the State of Florida
400 South Fort Harrison Avenue
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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AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY JAYMUKUND INC		NAMED INSURED EXPRESS WHEELCHAIR TRANSPORT LLC 12001 Dr M.L.K. Jr St N APT 3803 St. Petersburg, FL 33716
POLICY NUMBER 998899376		
CARRIER Progressive Express Insurance Company	NAIC CODE 10193	EFFECTIVE DATE: 06/16/2025

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

Additional Coverages

Insurance coverage(s)	Limits
Personal Injury Protection	\$10,000 w/\$0 Ded - Named Insured Only

Description of Location/Vehicles/Special Items

Scheduled autos only	
2018 DODGE GRAND CARAVAN 2C7WDGBG9JR169806	
Comprehensive	\$500 Ded
Collision	\$500 Ded
Rental Reimbursement	\$30 Per Day (\$900 Max)
Roadside Assistance	Selected w/\$0 Ded



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

Detail by Entity Name

Florida Limited Liability Company
EXPRESS WHEELCHAIR TRANSPORT, LLC

Filing Information

Document Number	L24000258586
FEI/EIN Number	99-3382135
Date Filed	06/06/2024
Effective Date	06/06/2024
State	FL
Status	ACTIVE

Principal Address

12001 DR MARTIN LUTHER K JR STREET NORTH
3803
SAINT PETERSBURG, FL 33716

Mailing Address

12001 DR MARTIN LUTHER K JR STREET NORTH
3803
SAINT PETERSBURG, FL 33716

Registered Agent Name & Address

SUID, OMAR, MR
12001 DR MARTIN LUTHER K JR STREET NORTH
3803
SAINT PETERSBURG, FL 33716

Authorized Person(s) Detail

Name & Address

Title AMBR

SUID, OMAR, MR
12001 DR MARTIN LUTHER K JR STREET NORTH
SAINT PETERSBURG, FL 33716

Annual Reports

Report Year	Filed Date
2025	05/01/2025

Document Images

[05/01/2025 -- ANNUAL REPORT](#)

[View image in PDF format](#)

[06/06/2024 -- Florida Limited Liability](#)

[View image in PDF format](#)

Florida Department of State, Division of Corporations

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L24000258586

Entity Name: EXPRESS WHEELCHAIR TRANSPORT, LLC

Current Principal Place of Business:

12001 DR MARTIN LUTHER K JR STREET NORTH
3803
SAINT PETERSBURG, FL 33716

Current Mailing Address:

12001 DR MARTIN LUTHER K JR STREET NORTH
3803
SAINT PETERSBURG, FL 33716

FEI Number: 99-3382135

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SUID, OMAR MR
12001 DR MARTIN LUTHER K JR STREET NORTH
3803
SAINT PETERSBURG, FL 33716 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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name SUID, OMAR MR
Address 12001 DR MARTIN LUTHER K JR
STREET NORTH
City-State-Zip: SAINT PETERSBURG FL 33716

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: OMAR SUID

MANAGER

05/01/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date



Express Wheelchair Transport

12001 Dr Martin Luther King Jr. Street North
Unit# 3803
St.Petersburg, FL 33716
(727)318-0498

Rate Sheet

- **Standard wheelchair rate:**
\$50 per load(each way) plus \$3 per mile. Additional \$25 for holidays and after hours (7pm-4:59am)
- **Wait time fee:** \$20 after the first 20 minutes of agreed pick up time. Assessed in increments of 15 minutes
- **Cleaning fee:** as reasonably needed.
- **Cancellation fee:** \$30 flat rate. Or 40% of total fare, if a member is traveling out of the county. (only assessed if canceled 24 hours or less from pick up time)



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