




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: WEALTH WARREN SERVICES AND SOLUTIONS, INC | | HOURS OF OPERATION: <input type="checkbox"/> 24-HOUR 4:00 A.M. to 5:00 <input type="checkbox"/> A.M. / <input checked="" type="checkbox"/> P.M. |
| ADDRESS 1: 530 SUSAN B BRITT COURT | | PHONE: (407) 746-7411 |
| ADDRESS 2: SUITE 250 | | FAX: |
| CITY, STATE, ZIP CODE: WINTER GARDEN, FLORIDA 34787 | | |
| OFFICER/DIRECTOR NAME & TITLE: Garfield Wealth Warren-Chief Operations Ofc | PHONE NUMBER & E-MAIL: (407) 704-9498-ssgt.wealth@gmail.com | |
| VICE OFFICER/DIRECTOR NAME & TITLE: Sandra Wallace-HR Director | PHONE NUMBER & E-MAIL: (786) 218-1687-sdpwallace78@gmail.com | |
| BUSINESS HOURS POINT-OF-CONTACT: Akeem Viel-Manager of Operation | PHONE NUMBER & E-MAIL: (786) 486-0724-akingstouchinc@gmail.com | |
| AFTER HOURS POINT-OF-CONTACT: Garfield Wealth Warren-Chief Operations Ofc | PHONE NUMBER & E-MAIL: (407) 704-9498-SSGT.WEALTH@GMAIL.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: <i>Garfield Wealth Warren</i> | | DATE: 03/26/2025 |
| STATE OF FLORIDA COUNTY OF <u>Orange</u> | | |
| Subscribed and sworn to (or affirmed) before me this <u>26th of March, 2025</u> by <u>Tamika DuBarry</u> , who is/are personally known to me or has/have produced <u>state driver's license</u> as identification. | | |
| (SEAL) |  Tamika DuBarry Notary Public State of Florida Comm# HH126920 Expires 5/5/2025 | <i>Tamika DuBarry</i> (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: Wealth Warren Services and Solutions, Inc

Date: 3/26/2025

| Section | Inspection Items | Initials |
|---------|--|--|
| 8.1 | Record all telephone lines when used for requests for transport, including cell phones.* | <u>SWW</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>SWW</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>SWW</u> <u>SWW</u> <u>SWW</u> <u>SWW</u> <u>SWW</u> <u>SWW</u> <u>SWW</u> |
| 8.1 | Audio dispatch records shall be kept for a minimum of six (6) months. | <u>SWW</u> |
| 8.1 | Written or electronic dispatch shall be kept for a minimum of three (3) years. | <u>SWW</u> |
| 8.1 | Dispatch audio & written/electronic records shall be available for inspection. | <u>SWW</u> |



STRETCHER VAN ROSTER
Pinellas County Rules and Regulations, as Amended

Name of Service: WEALTH WARREN SERVICES AND SOLUTIONS, INC Page: 1 of 1

Such vehicles may not be equipped, marked or operated as an Ambulance

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. | 30DIDB | 5BZBF0AA1JN851310 | | | | | | | | | | | | | |
| 2. | 23cbmk | 1FBZX2ZM7KKB25044 | | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | | | | |
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| 11. | | | | | | | | | | | | | | | |
| 12. | | | | | | | | | | | | | | | |



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

Name of Service: WEALTH WARREN SERVICES AND SOLUTIONS, INC 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. | Garfield Wealth Warren | W230-155-81-400-0 | 08/25/2028 | 08/25/1980 | 567000 |
| 2. | ERIK DUBARRY | D160-212-84-457-1 | 12/17/2026 | 12/17/1984 | 567001 |
| 3. | AKEEM VIEL | V400-018-88-165-0 | 05/05/2027 | 05/05/1980 | 567003 |
| 4. | | | | | |
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06 / 03 / 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 Risk Management & Compliance LLC DBA Risk Assist Plus 9355 John W Elliott Dr Suite #25460 Frisco, TX 75035 | CONTACT NAME: Roddrelle Sykes | | |
| | PHONE (A/C, No, Ext): (945)214-9411 | FAX (A/C, No): | |
| | E-MAIL ADDRESS: rsykes@nemtextpert.com | | |
| INSURED Wealth Warren Services & Solutions, INC DBA: A+ Warren and DuBarry Services, Inc 530 Susan B. Britt Ct. #250 Winter Garden FL 34787 | INSURER(S) AFFORDING COVERAGE | | NAIC # |
| | INSURER A: National Specialty | | 22608 |
| | INSURER B: Houston Casualty Company | | 42374 |
| | 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 |
|----------|---|--|----------|-----------------|-------------------------|-------------------------|---|
| B | GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Sexual Abuse / Molestation GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | X | | H25MSS2348600 | 03/01/2025 | 03/01/2026 | 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 \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 SAM \$ 300,000 |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| A | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | X | | ODH-CAM00080424 | 06/28/2024 | 06/28/2025 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 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? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | <input type="checkbox"/> Y <input checked="" type="checkbox"/> 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 \$ |
| A | PROFESSIONAL LIABILITY | X | | H25MSS2348600 | 03/01/2025 | 03/01/2026 | Each Claim 1,000,000 Aggregate Limit 3,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Pinellas County A Political subdivision of the state of Florida, is an additional insured for both auto and general liability. Sexual abuse and molestation must be included.

| | |
|--|---|
| CERTIFICATE HOLDER Pinellas County 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 <i>Roddrelle Sykes</i> |
|--|---|

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**FLORIDA DEPARTMENT OF STATE
Division of Corporations**

February 19, 2024

**DR. APRILLE P. WEALTH-WARREN
530 SUSAN B. BRITT CT.
STE 250
WINTER GARDEN, FL 34787**

Re: Document Number P20000056672

The Articles of Amendment to the Articles of Incorporation of A+ WARREN AND DUBARRY SERVICES INC which changed its name to WEALTH WARREN SERVICES & SOLUTIONS, INC, a Florida corporation, were filed on February 2, 2024.

Should you have any questions regarding this matter, please telephone (850) 245-6050, the Amendment Filing Section.

**Anissa Butler
Regulatory Specialist II
Division of Corporations**

Letter Number: 824A00003617



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 17, 2020

GARFIELD WARREN
530 SUSAN B. BRITT CT #250
WINTER GARDEN, FL 34787

Re: Document Number P20000056672

The Articles of Amendment to the Articles of Incorporation for WARREN & DUBARRY SERVICES INC which changed its name to A+ WARREN AND DUBARRY SERVICES INC, a Florida corporation, were filed on October 5, 2020.

The certification requested is enclosed.

Should you have any question regarding this matter, please telephone (850) 245-6050, the Amendment Filing Section.

Querida R Moore
Regulatory Specialist II
Division of Corporations

Letter Number: 520A00023099

State of Florida



Department of State

I certify from the records of this office that A+ WARREN AND DUBARRY SERVICES INC is a corporation organized under the laws of the State of Florida, filed on May 18, 2020, effective June 22, 2017.

The document number of this corporation is P20000056672.

I further certify that said corporation has paid all fees due this office through December 31, 2020, and its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this the
Seventeenth day of November, 2020



CR2E022 (01-11)

Laurel M. Lee

Laurel M. Lee

Secretary of State

Exhibit B

Rates for different Clients: Orange County

| Provider Downstream Fee for Service (FFS) | | | |
|--|------------------|---------------------|---------------------|
| Trip Type | Base Rate | Base Mileage | Mileage Rate |
| Ambulatory- Curb to Curb | 15.00 | 10 | 1.50 |
| Ambulatory- Door to Door | 15.00 | 10 | 1.50 |
| Wheelchair | 55.00 | 10 | 2.25 |
| Stretcher | 125.00 | 10 | 2.50 |
| Bariatric Wheelchair | 65.00 | 10 | 2.25 |
| Bariatric Stretcher | 225.00 | 10 | 2.50 |
| Other: | N/A | N/A | N/A |



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Detail by Entity Name

Florida Profit Corporation

WEALTH WARREN SERVICES & SOLUTIONS, INC

Filing Information

| | |
|-----------------------------|-----------------------|
| Document Number | P20000056672 |
| FEI/EIN Number | N/A |
| Date Filed | 05/18/2020 |
| Effective Date | 06/22/2017 |
| State | FL |
| Status | ACTIVE |
| Last Event | NAME CHANGE AMENDMENT |
| Event Date Filed | 02/02/2024 |
| Event Effective Date | NONE |

Principal Address

530 SUSAN B. BRITT CT. #250
WINTER GARDEN, FL 34787

Mailing Address

530 SUSAN B. BRITT CT. #250
WINTER GARDEN, FL 34787

Registered Agent Name & Address

Wealth-Warren, Aprille P., Dr.
530 Susan B Britt Court
250
Winter Garden, FL 34787

Name Changed: 04/30/2023

Address Changed: 04/30/2023

Officer/Director Detail

Name & Address

Title President, CEO

WEALTH-WARREN, APRILLE P., DR.
530 SUSAN B. BRITT CT. #250
WINTER GARDEN, FL 34787

Title Secretary

Wealth, Bridgette P.
530 Susan B Britt Court
250
Winter Garden, FL 34787

Annual Reports

| Report Year | Filed Date |
|-------------|------------|
| 2023 | 04/30/2023 |
| 2024 | 05/01/2024 |
| 2025 | 04/28/2025 |

Document Images

| | |
|---|--|
| 04/28/2025 -- ANNUAL REPORT | View image in PDF format |
| 05/01/2024 -- ANNUAL REPORT | View image in PDF format |
| 02/02/2024 -- Name Change | View image in PDF format |
| 04/30/2023 -- ANNUAL REPORT | View image in PDF format |
| 04/04/2022 -- ANNUAL REPORT | View image in PDF format |
| 04/19/2021 -- ANNUAL REPORT | View image in PDF format |
| 10/05/2020 -- Amendment and Name Change | View image in PDF format |
| 05/18/2020 -- Domestic Profit | View image in PDF format |