



APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND

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: JOHNS HOPKINS ALL CHILDRENS LIFELINE		HOURS OF OPERATION: <input checked="" type="checkbox"/> 24-HOUR A.M. to <input type="checkbox"/> A.M. / <input type="checkbox"/> P.M.
ADDRESS 1: 501 6TH AVENUE SOUTH		PHONE: 727-767-7337
ADDRESS 2:		FAX: 727-767-4837
CITY, STATE, ZIP CODE: ST PETERSBURG		
OFFICER/DIRECTOR NAME & TITLE: RADEK HOFFMAN LIFELINE DIRECTOR	PHONE NUMBER & E-MAIL: 727-767-8941 rhoffm31@jhmi.edu	
VICE OFFICER/DIRECTOR NAME & TITLE: JULIE BACON LIFELINE PROGRAM MAN.	PHONE NUMBER & E-MAIL: 727-767-7337	
BUSINESS HOURS POINT-OF-CONTACT: JULIE BACON	PHONE NUMBER & E-MAIL: 727-767-7337 julie.bacon11@jhmi.edu	
AFTER HOURS POINT-OF-CONTACT: JULIE BACON	PHONE NUMBER & E-MAIL: 407-432-5498 julie.bacon11@jhmi.edu	
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>Anthony E. Nadjutan</i>		DATE: 11/6/19
STATE OF FLORIDA COUNTY OF <u>Pinellas</u>		
Subscribed and sworn to (or affirmed) before me this <u>11/7/2019</u> by <u>ANTHONY E. NADJUTAN</u> , who <input checked="" type="checkbox"/> is/are personally known to me or has/have produced <u>JHACH WORK ID</u> as identification.		
(SEAL)		
(Name of Notary typed, printed or Form stamped)		



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

Name of Service: JOHNS HOPKINS ALL CHILDRENS LIFELINE 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.

1. Name (Last, First) Also list "nick-name" if applicable	Class E Driver's License Number	Expiration Date	Date of Birth	Assigned EMS ID #
1. GIOVANNI M BOAN	B500-293-98-368-0	10/082022	10/08/1998	EMT 561384
2. MICHAEL G MYERS (CLINICAL SUPERVISOR)	M620-547-89-421-0	11/21/2027	11/21/1989	EMT 551841
3. DANIEL J CALLAHAN JR	C450-170-95-134-0	04/14/1995	04/14/2020	EMT 549132
4. BRIAN R PAWLAK	P420-076-89-226-0	08/26/1989	08/26/2020	EMT 545235
5. GERSON D CORDERO RUBIO	C636-284-91-321-0	09/01/1991	09/01/2022	EMT 557373
6. CAMERON T PELTS	P432-118-90-282-0	08/02/1990	08/02/2020	EMT 529706
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				

STATE OF FLORIDA
DEPARTMENT OF HEALTH
EMERGENCY MEDICAL SERVICES
APPLICATION FOR VEHICLE PERMIT(S)

EMS Provider JOHNS HOPKINS ALL CHILDREN'S HOSPITAL LIFELINE Provider # 5109

Business Address 501 6TH AVENUE SOUTH - DEPT 7340

City ST PETERSBURG State FLA Zip Code 33710 County PINELLAS

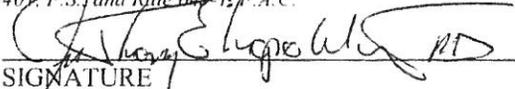
PERMIT TYPE

VEHICLE DATA

	DUPLICATE	NEW	CURRENT	ALS			YEAR	MAKE	MODEL	V.I.N.
				PERMIT #	TRANS	NON-TRANS				
1			19624	X			2008	FRIGHTLINER		1FVACWDJ384Z37038
2			19626	X			2008	FRIGHTLINER		1FVACWDJ184Z37037
3			020932	X			2017	KENWORTH		2NKHHM6XDHM165535
4			020956	X			2017	KENWORTH		2NKHHM6X2HM136408
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										

Enclose Permit Fee(s). **Do not send cash.** Checks should be made payable to Emergency Medical Services and mailed to 4052 Bald Cypress Way, Bin A22, Tallahassee, Florida 32399-1738. **All fees are nonrefundable** §401.34(1), Florida Statute, (F.S.).

I, the undersigned representative of the above named firm, do hereby affirm that all equipment and medical supplies required by Chapter 401, F.S., and Rule 64J-1, Florida Administrative Code (F.A.C.), are present and in working order on the above described vehicles. I also affirm that the equipment and medical supplies in the required quantities will be continuously maintained at the specified level. I further affirm that the above described vehicles will be staffed, during operation, in accordance with Chapters 395 and 401, F.S. and Rule 64J-1, F.A.C.

 Medical Director 11/1/18
SIGNATURE TITLE DATE

FALSE OFFICIAL STATEMENTS: § 837.06, F.S.: Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.

AGENCY CUSTOMER ID: PARALOG-01

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Arthur J. Gallagher Risk Management Services, Inc.		NAMED INSURED Paramedics Logistics Operating Company, LLC 1520 W. Front St, Tyler TX 75702	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

- Paramedics Logistics California, LLC
- Paramedics Logistics Florida, LLC
- Paramedics Logistics Indiana, LLC
- Paramedics Logistics Texas, LLC
- EMS Training School, LLC
- ETX Fleet Plus, LLC

**FLORIDA COMMERCIAL AUTO INSURANCE
IDENTIFICATION CARD**

COMPANY **Travelers Indemnity Company 25658**

POLICY # **P8102619B249IND19** EFFECTIVE DATE **06/30/2019**

PERSONAL INJURY PROTECTION BENEFITS / PROPERTY DAMAGE LIABILITY BODILY INJURY LIABILITY

NAMED INSURED: **Johns Hopkins Health System
JHHS Treasury Services - Johns Hopkins at Keswick
Attn: Corp. Ins. 3910 Keswick Road, Suite S-4300D
Baltimore, MD 21211**

YEAR: **2017** MAKE/MODEL: **Kenworth Ambulance**

VEHICLE ID # **2NKHHM6X0HM165535**

NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE

**THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND**

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

MISREPRESENTATION OF INSURANCE IS A FIRST DEGREE MISDEMEANOR

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**FLORIDA COMMERCIAL AUTO INSURANCE
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Baltimore, MD 21211**

YEAR: **2017** MAKE/MODEL: **Kenworth Ambulance**

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PERSONAL INJURY PROTECTION BENEFITS / PROPERTY DAMAGE LIABILITY BODILY INJURY LIABILITY

INSURED **Johns Hopkins Health System**

ADDRESS **JHHS Treasury Services - Johns Hopkins at Keswick**
Attn: Corp. Ins. 3910 Keswick Road, Suite S-4300D
Baltimore, MD 21211

YEAR **2008** MAKE/MODEL **Freightliner Ambulance**

VEHICLE ID # **1FVACWDJ18HZ37037**

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POLICY # **P8102619B249IND19** EFFECTIVE DATE **06/30/2019**

PERSONAL INJURY PROTECTION BENEFITS / PROPERTY DAMAGE LIABILITY BODILY INJURY LIABILITY

INSURED **Johns Hopkins Health System**

ADDRESS **JHHS Treasury Services - Johns Hopkins at Keswick**
Attn: Corp. Ins. 3910 Keswick Road, Suite S-4300D
Baltimore, MD 21211

YEAR **2008** MAKE/MODEL **Freightliner Ambulance**

VEHICLE ID # **1FVACWDJ18HZ37037**

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**FLORIDA COMMERCIAL AUTO INSURANCE
IDENTIFICATION CARD**

COMPANY **Travelers Indemnity Company** 25658
 POLICY # **P8102619B249IND19** EFFECTIVE DATE **06/30/2019**
 PERSONAL INJURY PROTECTION BENEFITS / PROPERTY DAMAGE LIABILITY BODILY INJURY LIABILITY
 NAMED INSURED: **Johns Hopkins Health System**
JHHS Treasury Services - Johns Hopkins at Keswick
 ADDRESS: **Attn: Corp. Ins. 3910 Keswick Road, Suite S-4300D**
(optional) **Baltimore, MD 21211**
 YEAR: **2008** MAKE/MODEL: **Freightliner Ambulance**
 VEHICLE ID #: **1FVACWDJ38HZ37038**

NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE

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JHHS Treasury Services - Johns Hopkins at Keswick
 ADDRESS: **Attn: Corp. Ins. 3910 Keswick Road, Suite S-4300D**
(optional) **Baltimore, MD 21211**
 YEAR: **2008** MAKE/MODEL: **Freightliner Ambulance**
 VEHICLE ID #: **1FVACWDJ38HZ37038**

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THIS CARD MUST BE KEPT IN THE INSURED
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**FLORIDA COMMERCIAL AUTO INSURANCE
IDENTIFICATION CARD**

COMPANY **Arch Insurance Company** 09219
 POLICY # **41CAB1020500** EFFECTIVE DATE **07/01/2019**

PERSONAL INJURY PROTECTION BENEFITS / PROPERTY DAMAGE LIABILITY BODILY INJURY LIABILITY

NAMED INSURED **Paramedics Logistics Florida, LLC**
12490 Ulmerton Road
 ADDRESS **Largo, FL 33774**
 (optional)

YEAR **Fleet** MAKE / MODEL
 VEHICLE ID #

Claims #: (877) 688-2724

NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE

FLORIDA VEHICLE REGISTRATION

CO AGY 4 2 L# 1092078472
 B# 2475686

PLATE **MIP51Y** DECAL **09338829** Expires **Midnight Tue 6/30/2020**

YR MK	2017/HEMV	BODY	AM	COLOR	BLU	Reg. Tax	49.60	Class Code	92
VIN	2NKHHM6X2HM136408	NET WT	19305	TIFF	125572353	Int. Reg		Tax Months	12
Plate Type	RSR					County Fee	3.00	Back Tax Mos	
DE FID	590683252-02					Mail Fee		Credit Class	
Date Issued	6/4/2019	Plate Issued	12/8/2016			Sales Tax		Credit Months	
						Voluntary Fees			
						Grand Total	52.60		

JOHNS HOPKINS ALL CHILDRENS HOSPITAL INC
501 6TH AVE S
ST PETERSBURG, FL 33701-4634

IMPORTANT INFORMATION:

1. The Florida license plate must remain with the registrant upon sale of vehicle
2. The registration must be delivered to a Tax Collector or Tag Agent for transfer to a replacement vehicle
3. Your registration must be updated to your new address within 30 days of moving
4. Registration renewals are the responsibility of the registrant and shall occur during the 30 day period prior to the expiration date shown on this registration. Renewal notices are provided as a courtesy and are not required for renewal purposes
5. I understand that my driver license and registrations will be suspended immediately if the insurer denies the insurance information submitted for this registration

RSR - RESTRICTED

FLORIDA VEHICLE REGISTRATION

CO AGY 4 2 L# 1092478733
B# 2175686

PLATE **MIN01V** DECAL **09338936** Expires **Midnight Tue 6/30/2020**

TR MK	2017/KW	BODY	AM	COLOR	BLU	Reg. Tax	49.60	Class Code	92
VIN	2NKHHM6X0HM165535			HILL	127277010	Int Reg		Tax Months	12
Plate type	RSR	NET WT	16800			County Fee	3.00	Back Tax Mos	
						Mail Fee		Credit Class	
DE FID	590683252-02					Sales Tax		Credit Months	
Date Issued	6/4/2019	Plate Issued	5/23/2017			Voluntary Fees			
						Grand Total	52.60		

JOHNS HOPKINS ALL CHILDRENS HOSPITAL INC
501 6TH AVE S
ST PETERSBURG, FL 33701-4634

IMPORTANT INFORMATION

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- 5 I understand that my driver license and registrations will be suspended immediately if the insurer denies the insurance information submitted for this registration

RSR - RESTRICTED

FLORIDA COMMERCIAL AUTO INSURANCE IDENTIFICATION CARD

COMPANY **Arch Insurance Company** **09219**

POLICY # **41CAB1020500** EFFECTIVE DATE **07/01/2019**

PERSONAL INJURY PROTECTION BENEFITS / PROPERTY DAMAGE LIABILITY BODILY INJURY LIABILITY

NAMED INSURED **Paramedics Logistics Florida, LLC**

ADDRESS **12490 Ulmerton Road**

(Optional) **Largo, FL 33774**

YEAR **Fleet** MAKE/MODEL

VEHICLE ID # **Claims #: (877) 688-2724**

NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE

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