



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: FRANK ZEAL LLC
ADDRESS 1: 1060 WOOD COCK RD
ADDRESS 2: ORLANDO, FL 32803
CITY, STATE, ZIP CODE:
HOURS OF OPERATION: 7 A.M. to 6 P.M.
PHONE: 407-620-1651

OFFICER/DIRECTOR NAME & TITLE: Franklin Davila MGR
PHONE NUMBER & E-MAIL: 719-661-9127 FRANK@FRANKZEAL.COM
VICE OFFICER/DIRECTOR NAME & TITLE:
PHONE NUMBER & E-MAIL:

BUSINESS HOURS POINT-OF-CONTACT: Franklin Davila
PHONE NUMBER & E-MAIL: 719 661 9127 FRANK@FRANKZEAL.COM
AFTER HOURS POINT-OF-CONTACT: Franklin Davila
PHONE NUMBER & E-MAIL: 719 661 9127 FRANK@FRANKZEAL.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: [Signature] DATE: 8 MAY 2026

STATE OF FLORIDA
COUNTY OF Orange

Subscribed and sworn to (or affirmed) before me this 5/8/26 by Franklin Davila who is/are personally known to me or has/have produced Driver license as identification.



(SEAL) [Signature]

(Name of Notary typed, printed or Form stamped)

Application for Certificate of Public Convenience and Necessity

Please download and complete this form.

Upload the notarized the COPCN Notary Form here

[Change File](#) COPCN Application 2026-2027.pdf

Name

COPCN Notary Form

Document Type

Supporting Documents



Application Type


	Initial	Renewal
Wheelchair Transport	<input checked="" type="checkbox"/>	
Stretcher Transport	<input checked="" type="checkbox"/>	
ALS Helicopter	<input type="checkbox"/>	
ALS Interfacility	<input type="checkbox"/>	
ALS Non-Transport	<input type="checkbox"/>	
ALS Transport	<input type="checkbox"/>	
Wheelchair and Stretcher Van		

Type of Entity

*Type of Entity

- Sole Proprietor
- Partnership
- Non-Profit Corporation
- Corporation

Organization Type

Sole Proprietor 

Company Information (Form A)

Company Information

Organization Name

Frang Zeal LLC

*Street 1

1060 Woodcock Rd

Street 2


*Postal Code

32803

City

Orlando

State

Florida 

Phone

407 - 620 - 1651 Ext:

Fax

 - -

***Hours of operation**

Company Contacts

Position

 Officer/Director

***Action to take**

This is the action that will be taken within the service for the User you select below.

***Search Contact**

***Work Phone**

 - - Ext:

Email

Position

 Vice Officer/Director

***Search Contact**



***Work Phone**

 - - Ext:

***Email**

Position

 Business Hours Point-of-Contact

***Search Contact**



***Work Phone**

 - - Ext:

***Email**

Position

 After Hours Point-of-Contact

***User**

Davila, Franklin (550001)



***Work Phone**

719

- 661

- 9127

Ext:

***Email**

frank@frangzeal.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**

fd

*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**

fd

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**

fd

Section 8.1

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

***Initials**

fd

Section 8.1

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

***Initials**

fd

Section 8.1

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

***Initials**

fd

Vehicles (Form C)

Section 1

***Vehicle**

[New] 

Unit Number

A46724

Vehicle Tag Number

33DVXG

***Vehicle Identification Number(VIN)**



1FBAX2C86PKA46724

***Active**

Yes No

Personnel (Form D)

Section 1

meggors	User	Position
 550001	Davila, Franklin (550001)	WCT Admin Support
 550002	Ortiz, Ricardo (550002)	

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

BVR8407721


Issued Date

03/01/2026 [Today](#)

Expiration Date

02/28/2027 [Today](#)

***Insurance Verification**

 [Change File](#) PINELLAS EMS.pdf

Name
Insurance Verification

Document Type
Insurance Verification 

Certificate of Incorporation

***Certificate of Incorporation**

[Change File](#) Certificate of incorporation 2026.pdf

Name

Certificate of Incorporation

Document Type

Certificate of Incorporation

Retail Rate Schedule

***Retail Rate Schedule**

[Change File](#) FRANG ZEAL 2026 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**

05/08/2026

[Today](#)

***Signature**

Signed on May 8, 2026 4:41:05 PM by Franklin Davila

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000046582

Entity Name: FRANG ZEAL LLC

Current Principal Place of Business:

1060 WOODCOCK RD
ORLANDO, FL 32803

Current Mailing Address:

1060 WOODCOCK RD
ORLANDO, FL 32803 US

FEI Number: 82-4496588

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DAVILA, FRANKLIN I
1060 WOODCOCK RD
ORLANDO, FL 32803 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	MGR	Title	MGR
Name	DAVILA, FRANKLIN I	Name	DAVILA, ANGELA M
Address	11619 BLACK RAIL ST	Address	11619 BLACK RAIL ST
City-State-Zip:	WINDERMERE FL 34786	City-State-Zip:	WINDERMERE FL 34786

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: FRANKLIN DAVILA

MANAGER

01/24/2025

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date

Level of Service	0-3 Miles	4-6 Miles	7-10 Miles	Per Mile After 10 Mi
Ambulatory	14.07	16.98	20.61	1.70
Ambulatory Extra Passenger	8.50	10.20	12.40	1.00
Ambulatory After Hours 6p – 4a	17.07	19.98	23.61	1.75
Ambulatory PPEC	28.00	28.00	28.00	1.75
Wheelchair	32.00	35.00	38.00	1.79
Wheelchair Extra Passenger	16.90	19.90	23.20	1.25
Wheelchair After Hours 6p – 4a	41.10	46.12	51.66	2.00
Wheelchair PPEC	35.00	35.00	35.00	2.00
Bariatric Wheelchair	80.00	85.00	90.00	2.25
Stretcher	110.00	120.00	130.00	2.50
Stretcher After Hours 6p – 4a	150.00	160.00	170.00	2.50
Bariatric Stretcher	260.00	265.00	270.00	2.50
PPEC Attendant –Fee included in rate				
Wait Time \$20 Per Hour AMB				
Wait Time \$30 Per Hour WC				
Wait Time \$50 Per Hour ST				