



# 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 <sup>LLC</sup> ☐ Partnership ☐ Non-Profit Corporation ☐ Corporation

ORGANIZATION NAME: <u>Expedited Medical Solutions LLC</u>	HOURS OF OPERATION: <u>Office</u> <u>7</u> A.M. to <u>3</u> <input type="checkbox"/> A.M. / <input checked="" type="checkbox"/> P.M.
ADDRESS 1: <u>38184 Medical Center Ave</u>	PHONE: <u>813-421-9399</u>
ADDRESS 2: <u>Zephyrhills, FL 33844</u>	FAX: <u>813-354-4596</u>
CITY, STATE, ZIP CODE:	

OFFICER/DIRECTOR NAME & TITLE: <u>Latoya Booker Owner</u>	PHONE NUMBER & E-MAIL: <u>904-505-3194</u> <u>Latoya@expeditedmedicalsolutions.com</u>
VICE OFFICER/DIRECTOR NAME & TITLE: <u>Antonio Biggs Owner</u>	PHONE NUMBER & E-MAIL: <u>901-503-3527</u> <u>Biggs@expeditedmedicalsolutions.com</u>
BUSINESS HOURS POINT-OF-CONTACT: <u>Latoya Booker</u>	PHONE NUMBER & E-MAIL: <u>813-421-9399</u> <u>admin@expeditedmedicalsolutions.com</u>
AFTER HOURS POINT-OF-CONTACT: <u>Latoya Booker</u>	PHONE NUMBER & E-MAIL: <u>813-421-9399</u> <u>admin@expeditedmedicalsolutions.com</u>

**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.

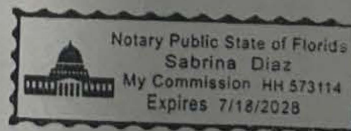
I, the undersigned representative of the above named firm, do hereby acknowledge this certificate may be suspended or revoked if at any time the firm fails to meet all of the requirements of the Pinellas County Code or Rules and Regulations.

SIGNATURE OF APPLICANT: 	DATE: <u>6-17-2025</u>
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STATE OF FLORIDA  
COUNTY OF Pasco

Subscribed and sworn to (or affirmed) before me this 06/17/2025 by Latoya Booker, who is/are personally known to me or has/have produced Drivers License as identification.

(SEAL) Sabrina Diaz



(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: Non emergency medical transportation

Date: 6/25/25

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



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

Name of Service: WHEELCHAIR TRANSPORT Page: \_\_\_\_ of \_\_\_\_

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. MICHAEL WASHINGTON	W252-41-76-098	03/18/2029	03/18/1979	
2. NATHANIEL WASHINGTON	M214-625-96-385-0	10/25/2029	10/25/1996	
3. LATOYA BOOKER	B308-720-19-000-0	03/16/2033	03/16/1978	
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				

## Schedule of Vehicles

<b>POLICY NUMBER:</b>	CICFL002207-00	<b>PRIMARY NAMED INSURED</b>	
<b>POLICY PERIOD:</b>	04/01/2025 to 04/01/2026	EXPEDITED MEDICAL SOLUTIONS LLC	
<b>AGENT:</b>	MORION INSURANCE AGENCY	38439 5TH AVE, 2809	
<b>CARRIER:</b>	Cable Insurance Company	Zephyrhills, FL 33542	

					VIN
1	2023	TOYOTA/SIENNA	City: Zephyrhills		5TDKRKEC7PS163720
Status: No Change		Comp Deduct: \$1,000	Coll Deduct: \$1,000	Liability: \$300,000 / PIP	
2	2023	TOYOTA/SIENNA	City: Zephyrhills		5TDKRKEC7PS163717
Status: No Change		Comp Deduct: \$1,000	Coll Deduct: \$1,000	Liability: \$300,000 / PIP	
3	2019	CHRYSLER /PACIFIC	City: Zephyrhills		2C4RC1BG7KR554594
Status: Changed		Comp Deduct:	Coll Deduct:	Liability: \$300,000 / PIP	

**Total Vehicles on this Policy: 3**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/01/2025

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).

<b>PRODUCER</b> Professional Insurance Agency 8040 NW 95th st suite 105		<b>CONTACT NAME:</b> Viviana Gonzalez <b>PHONE (A/C, No, Ext):</b> (305) 227 - 8468 <b>E-MAIL ADDRESS:</b> coi@morioninsurance.com		<b>FAX (A/C, No):</b> (305) 227-8469
<b>HIALEAH</b> FL 33016		<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
		<b>INSURER A:</b> Scottsdale Ins Co		41297
<b>INSURED</b> EXPEDITED MEDICAL SOLUTIONS LLC 38439 5TH AVE #2809		<b>INSURER B:</b> Cable Holdings		16572
		<b>INSURER C:</b>		
		<b>INSURER D:</b>		
		<b>INSURER E:</b>		
<b>ZEPHYRHILLS,</b> FL 33542		<b>INSURER F:</b>		

**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
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>	X		WCSRP-L	08/01/2025	08/01/2026	EACH OCCURRENCE \$ 300,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 300,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 600,000
	OTHER:						PRODUCTS - COMP/OP AGG \$ 300,000
							\$ 100,000
B	<b>AUTOMOBILE LIABILITY</b>	X		CICFL002207-00	04/01/2025	04/01/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 300,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY						PIP \$ 10,000
	<b>UMBRELLA LIAB</b>						EACH OCCURRENCE \$
	<b>EXCESS LIAB</b>						AGGREGATE \$
	DED RETENTION \$						\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						PER STATUTE OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N					E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

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

2023 Toyota Sienna LE 5TDKRKEC7PS163720 Physical damage included  
2023 Toyota Sienna LE 5TDKRKEC7PS163717 Physical damage included  
2019 Chrysler Pacifica Vin# 2C4RC1BG7KR554594

**CERTIFICATE HOLDER****CANCELLATION**

A Political Subdivision of the State of Florida,  400 South Fort Harrison Avenue, Clearwater, FL 33756	<b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b>  <b>AUTHORIZED REPRESENTATIVE</b> 
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[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

## Detail by Entity Name

Florida Limited Liability Company  
EXPEDITED MEDICAL SOLUTIONS LLC

### Filing Information

<b>Document Number</b>	L24000126103
<b>FEI/EIN Number</b>	61-2179696
<b>Date Filed</b>	03/13/2024
<b>Effective Date</b>	03/13/2024
<b>State</b>	FL
<b>Status</b>	ACTIVE
<b>Last Event</b>	LC AMENDMENT
<b>Event Date Filed</b>	08/12/2024
<b>Event Effective Date</b>	NONE

### Principal Address

38184 MEDICAL CENTER AVE  
ZEPHYRHILLS, FL 33540

Changed: 08/12/2024

### Mailing Address

38439 5TH AVE  
2809  
ZEPHYRHILLS, FL 33542

### Registered Agent Name & Address

BOOKER, LATOYA  
38439 5TH AVE  
2809  
ZEPHYRHILLS, FL 33542

### Authorized Person(s) Detail

#### **Name & Address**

Title MBR

BIGGS, ONTONIO  
38439 5TH AVE #2809  
ZEPHYRHILLS, FL 33542

Title AMBR

BOOKER, LATOYA  
38439 5TH AVE  
ZEPHYRHILLS 33542 UN

**Annual Reports**

Report Year	Filed Date
2025	04/30/2025

**Document Images**

<a href="#">04/30/2025 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">08/12/2024 -- LC Amendment</a>	<a href="#">View image in PDF format</a>
<a href="#">03/13/2024 -- Florida Limited Liability</a>	<a href="#">View image in PDF format</a>



# EXPEDITED MEDICAL

## Solutions

### About Us

At Expedited Medical Solutions, we understand that timely access to medical care is crucial for maintaining health and well-being. Our professional team is committed to providing reliable and compassionate services that meet the unique needs of our clients. Whether it's helping seniors transition to new living arrangements or providing essential transportation to medical appointments, we pride ourselves on our ability to adapt and respond to the evolving needs of our community.

813-421-9399  
 schedule@  
 expeditedmedicalsolutions.com  
 www.expeditedmedicalsolutions.com  
 38184 Medical Center Dr  
 Zephyrhills, FL 33540



### Non-emergency Transportation

Provides essential accessibility to healthcare

### Homemaker Companion Care

Promotes independence and well-being in a comfortable home environment

### Senior Relocation

Eases the transition for seniors and their families of moving from one living situation to another, addressing emotional and logistical challenges.



### Services



#### Ambulatory

- rides for patients who can walk independently without assistance and require assistance getting to and from their homes and to medical appointments



#### Wheelchair

- rides for patients who require a wheelchair for mobility. Our vehicles are specially equipped to accommodate the individual's wheelchair during transport to and from medical appointments.



#### Gurney/ Stretcher

- rides for patients who are unable to sit up or walk. Our vehicles are specially equipped to accommodate and secure the stretcher during transport

20% off select services



# PRICING

*note: the first 5 miles are included in the rate, any mile over is \$2.99 per mile  
(ask about our discounted fixed rate options)*

SERVICE	Base Rate/Mileage (OneWay)	Weekend/Off Peak	Holiday
Ambulatory	\$20.00/\$2.99	\$35.00/\$2.99	\$50.00/\$2.99
Wheelchair	\$150.00/\$2.99	\$65.00/\$2.99	\$150.00/\$2.99
Gurney/Stretcher	\$200.00/\$2.99	\$250.00/\$2.99	\$300.00/\$2.99

## Additional Fees

Extra Attendant	\$15.00
Deadhead Miles	\$.75

## WHEELCHAIR RENTAL

Basic	Bariatric
\$25.00	\$50.00

## ADDITIONAL SERVICES

- Caregiver: \$35.00 per hour (2hour minimum)

## CONTACT DETAILS

[schedule@expeditedmedicalsolutions.com](mailto:schedule@expeditedmedicalsolutions.com)

813-780-7770 | 813-421-9399

38184 Medical Center Ave  
Zephyrhills, FL 33540

*20% off is only for select services and new clients*

