



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: Stratus Transport LLC
ADDRESS 1: 333 3rd Ave N
ADDRESS 2:
HOURS OF OPERATION: 0700 A.M. to 0430 P.M.
PHONE: 727-280-6964
FAX:

CITY, STATE, ZIP CODE: St. Petersburg, Florida, 33701

OFFICER/DIRECTOR NAME & TITLE: Alphonso White, Owner
PHONE NUMBER & E-MAIL: 727-280-6964, admin@stratustransport.com

VICE OFFICER/DIRECTOR NAME & TITLE: Alphonso White, Owner
PHONE NUMBER & E-MAIL: 727-280-6964, admin@stratustransport.com

BUSINESS HOURS POINT-OF-CONTACT: Alphonso White, Owner
PHONE NUMBER & E-MAIL: 727-280-6964, admin@stratustransport.com

AFTER HOURS POINT-OF-CONTACT: Alphonso White, Owner
PHONE NUMBER & E-MAIL: 727-280-6964, admin@stratustransport.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.

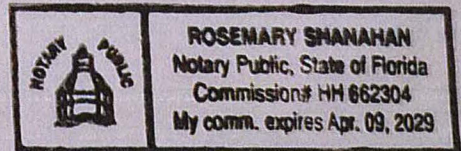
I, the undersigned representative of the above named firm, do hereby acknowledge this certificate may be suspended or revoked if at any time the firm fails to meet all of the requirements of the Pinellas County Code or Rules and Regulations.

SIGNATURE OF APPLICANT: [Signature] DATE: 05/07/1991

STATE OF FLORIDA
COUNTY OF Pinellas

Subscribed and sworn to (or affirmed) before me this May 8th, 2006 by Alphonso White, who is/are personally known to me or has/have produced FL Drivers License as identification.

(SEAL) [Signature] Rosemary Shanahan



(Name of Notary typed, printed or Form stamped)

Application Type

	Initial	Renewal
Wheelchair Transport	<input checked="" type="checkbox"/>	
Stretcher Transport	<input 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

Stratus Transport

\*Street 1

333 3rd ave n

Street 2

\*Postal Code

33701

City

Saint Petersburg

State

Florida

Phone

727 - 280 - 6964 Ext:

Fax

 -  - 

\*Hours of operation

0700am - 430pm

Company Contacts

Position

Officer/Director

\*Action to take

Update record in the service

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

\*Search Contact

White Jr, Alphonso L

\*Work Phone

727 - 280 - 6964 Ext:

Email

alphonso.white91@gmail.com

Position

Vice Officer/Director

\*Search Contact

White Jr, Alphonso L



\*Work Phone

727 - 280 - 6964 Ext:

\*Email

alphonso.white91@gmail.com

Position

Business Hours Point-of-Contact

\*Search Contact

White Jr, Alphonso L



\*Work Phone

727 - 280 - 6964 Ext:

\*Email

alphonso.white91@gmail.com

Position

After Hours Point-of-Contact

\*User

White Jr, Alphonso L



\*Work Phone

727 - 280 - 6964 Ext:

\*Email

alphonso.white91@gmail.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

aw

\*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

aw

### 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

aw

### Section 8.1

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

\*Initials

aw

### Section 8.1

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

\*Initials

aw

### Section 8.1

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

\*Initials

aw

## Vehicles (Form C)

Section 1

\*Vehicle

[New] 

Unit Number

01

Vehicle Tag Number

CV321B

\*Vehicle Identification Number(VIN)

2C4RDGCG2KR791721

\*Active

Yes  No

**Personnel (Form D)**

Section 1

Personnel ID

\_\_\_\_\_

User

White Jr, Alphonso L (none)

Position

Pinellas County EMS Training Coordinator

EMS Coordinator

Primary Contact

Operations Officer

Medical Director (On-Line)

Medical Director (Off-Line)

Service Director

Assistant Service Director

Service Representative

Primary QA Contact

Infection Control Officer

Fire Administration

Fire Marshall

Fire Chief

Agency Admin Support

CCT Coordinator

SWAT Supervisor

Sunstar Supervisor

- EMS Chief
- Sunstar Admin Support
- Fire Inspector
- Fire Coordinator
- WCT Admin Support
- Officer/Director
- Vice Officer/Director
- Business Hours Point-of-Contact
- After Hours Point-of-Contact
- CJIS Coordinator

### 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

74APS13037101

#### Issued Date

12/29/2025

Today

#### Expiration Date

12/29/2026

Today

#### \*Insurance Verification

[Change File](#) Insurance Policy.pdf

#### Name

Insurance Verification

#### Document Type

Insurance Verification

#### Certificate of Incorporation

\*Certificate of Incorporation

[Change File](#) Article of Incorporation.pdf

Name

Certificate of Incorporation

Document Type

Certificate of Incorporation

Retail Rate Schedule

\*Retail Rate Schedule

[Change File](#) Prices.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

[Change File](#) Assignment Letter.pdf

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 10:26:33 PM by Alphonso White



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/09/2026

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 <b>Bullington Insurance Group LLC. 14502 N Dale Mabry Hwy Suite 200 Tampa, FL 33618</b>	CONTACT NAME: <b>Daniel Edgar</b>	FAX (A/C, No): <b>(813)248-6877</b>	
	PHONE (A/C, No, Ext): <b>(813)248-6800</b>	E-MAIL ADDRESS: <b>info@bigins.net</b>	
INSURED <b>Stratus Transport, LLC 333 3rd Ave N Ste 400 Saint Petersburg, FL 33701</b>	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A:	<b>National Indemnity Company Of The South</b>	<b>42137</b>
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		

## COVERAGES

CERTIFICATE NUMBER: 00002659-251219184110

REVISION NUMBER: 2

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.

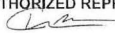
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> 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 \$ \$
<b>A</b>	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			<b>74APS130371-01</b>	<b>12/29/2025</b>	<b>12/29/2026</b>	COMBINED SINGLE LIMIT (Ea accident) \$ <b>300,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 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)

2019 Dodge Grand Caravan SXT, 4DR, 3.6L 2C4RDGCG2KR791721

## CERTIFICATE HOLDER

## CANCELLATION

Pinellas County, A Political Subdivision of the State of Florida 400 S Ft Harrison Ave Clearwater, FL 33756	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  (DBE)

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Please download and complete this form.

Upload the notarized the COPCN Notary Form here

[Change File](#) 20260508\_214724.jpg

Name

COPCN Notary Form

Document Type

Supporting Documents

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L25000141833  
FILED 8:00 AM  
March 24, 2025  
Sec. Of State  
kcostello

**Article I**

The name of the Limited Liability Company is:

STRATUS TRANSPORT LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:

333 3RD AVENUE NORTH  
ST. PETERSBURG, FL. US 33701

The mailing address of the Limited Liability Company is:

333 3RD AVENUE NORTH  
ST. PETERSBURG, FL. US 33701

**Article III**

The name and Florida street address of the registered agent is:

ZENBUSINESS INC.  
336 E. COLLEGE AVE.  
SUITE 301  
TALLAHASSEE, FL. 32301

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: KHADIJEH HEMMATI

## Article IV

L25000141833  
FILED 8:00 AM  
March 24, 2025  
Sec. Of State  
kcostello

The name and address of person(s) authorized to manage LLC:

Title: AMBR  
ALPHONSO WHITE  
333 3RD AVENUE NORTH  
ST. PETERSBURG, FL. 33701 US

Signature of member or an authorized representative

Electronic Signature: ALPHONSO WHITE

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.



## Non-Emergency Medical Transport Services Rates

Services	Base Rate	Load Fee >250 lbs	Weekends/Off Hours	Holidays
Ambulatory	\$30	\$40	\$50	\$55
Wheelchair	\$55	\$90	\$90	\$100
Stretcher	\$130	\$170	\$185	\$200
Additional Mileage	\$4/mile	\$5/mile	\$5/mile	\$6/mile
Pick-up Wait-time Fee 10-minute grace [per minutes]	\$1	\$1	\$2	\$3
Additional Attendants Fee	\$10	\$10	\$15	\$20

### Additional rates

- **No-Show Fees:** Ambulatory - \$25 | Wheelchair - \$35 | Stretcher - \$50
- **Oxygen Provided:** \$25
- **Hospital Discharge:** \$30

### What's Included

- **Base rate includes** up to 5 miles per ride.
- **Short-distance pricing** applies up to 30 miles; call dispatch for long-distance quotes.
- **Off-hours** are 5:00 pm to 7:30 am EST.
- **Load fee for clients >250 lb** becomes the base rate for that client (we will quote using that base).
- **Discounts may apply** for recurring patients (3 or more rides per week)