



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

Form with fields for Organization Name (Med-Line Medical Transport), Hours of Operation (7 A.M. to 7 P.M.), Address 1 (1037 Paddington Terr), Phone (689-209-4025), Address 2, Fax (407-604-6703), City, State, Zip Code (Heathrow, FL 32746), Officer/Director Name & Title (Jose Olvera), Vice Officer/Director Name & Title, Business Hours Point-of-Contact (Jose Olvera), and After Hours Point-of-Contact (Jose Olvera).

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: [Handwritten Signature] DATE: 3/5/2026 3-9-26

STATE OF FLORIDA COUNTY OF Seminole

Subscribed and sworn to (or affirmed) before me this 03/09/2026 by Jose Olvera who is/are personally known to me or has/have produced Florida Driver License as identification.

(SEAL) [Handwritten Signature] (Name of Notary typed, printed or Form stamped) MONIQUE MELENDEZ Notary Public - State of Florida Commission # HM 402476 My Comm. Expires Jul 14, 2027



**WHEELCHAIR/STRETCHER SERVICE  
RECORD KEEPING VERIFICATION FORM**

**Pinellas County Rules and Regulations, as Amended**

Name of Service: Med-Line Medical Transport

Date: 3/5/2026

Section	Inspection Items	Initials
8.1	Record all telephone lines when used for requests for transport, including cell phones.*	<u>JO</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>JO</u>
8.1	Written record contains:	
	• Date Call Received	<u>JO</u>
	• Time Call Received	<u>JO</u>
	• Pick-up & Destination Address	<u>JO</u>
	• Arrival Time at Destination	<u>JO</u>
	• Client's Name	<u>JO</u>
	• Person Ordering Transport	<u>JO</u>
	• Telephone Number of Caller (*if applicable)	<u>JO</u>
8.1	Audio dispatch records shall be kept for a minimum of six (6) months.	<u>JO</u>
8.1	Written or electronic dispatch shall be kept for a minimum of three (3) years.	<u>JO</u>
8.1	Dispatch audio & written/electronic records shall be available for inspection.	<u>JO</u>



**WHEELCHAIR VEHICLE ROSTER**  
**Pinellas County Rules and Regulations, as Amended**

Name of Service: Med-Line Medical Transport Page:      of     

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/stretchers	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. 5	32fcqw	3C6LRVDG8RE107283													
2. 4	31fcqw	3C6LRVDG9RE111665													
3. 3	fpax61	3C6LRVDGXRE107544													
4. 1	figc97	3C6LRVDG9RE107552													
5. 2	dr71xd	3C6LRVDG8RE110362													
6. 7	f813993	3C6LRVDG3SE534103													
7. 8	382370v	3C6LRVDG0SE534107													
8. 6	dr70xd	3C6LRVDG4RE107295													
9.															
10.															
11.															
12.															



## STRETCHER VAN ROSTER

### Pinellas County Rules and Regulations, as Amended

Name of Service: Med-Line Medical Transport Page: \_\_\_\_\_ of \_\_\_\_\_

**\*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/stretchers	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
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7. 8	382370v	3C6LRVDG0SE534107													
8. 6	dr70xd	3C6LRVDG4RE107295													
9.															
10.															
11.															
12.															



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

Name of Service: Med-Line Medical 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.	ZAMBRANO BORRERO, DANIEL	Z630-826-04-300-0	08/18/2026	06/26/1999	
2.	RODRIGUEZ CHERTUDI, DARIEM	R621-817-79-100-0	08/19/2033	08/19/1982	
3.	CANTERBURY, ETHAN DANE	C246-074-75-600-0	01/28/2032	01/28/2002	
4.	GUTIERREZ DIAZ, EVIS	G614-841-00-500-0	08/11/2026	10/20/1989	
5.	HOOPER, JOHN LUTRELL	H160-472-61-462-0	12/22/2031	12/22/1961	
6.	CERVANTES AYALA, MARIANO	C631-339-23-100-0	04/21/2033	04/21/1989	
7.	CANTERBURY, MICHAEL LINCOLN	C329-006-11-000-0	09/14/2034	09/14/1960	
8.	OLVERA, REYNALDO JR	O416-720-82-203-0	06/03/2026	06/03/1982	
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/11/2026

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).

<b>PRODUCER</b> <b>First Choice Insurance Group, LLC</b> <b>1600 Ponce De Leon Blvd</b> <b>Coral Gables, FL 33134</b> <b>10th Floor</b>	<b>CONTACT NAME:</b> <b>Nelton Gonzalez</b> <b>PHONE (A/C. No. Ext):</b> <b>786-369-0474</b>	<b>FAX (A/C. No.):</b> <b>786-350-2020</b>
	<b>E-MAIL ADDRESS:</b> <b>ngonzalez@fcigagency.com</b>	
<b>INSURED</b>  <b>Med-Line Medical Transport LLC</b> <b>1037 Paddington Ter</b> <b>Heathrow, FL 32746</b>	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> <b>Cable Insurance</b>	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</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
	<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 <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	<b>Y</b>	<b>Y</b>	<b>CICFL002147-01</b>	<b>3/3/2026</b>	<b>3/3/2027</b>	COMBINED SINGLE LIMIT (Ea accident) \$ <b>500,000</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 <input type="checkbox"/> 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	<b>Y/N</b>	<b>N/A</b>				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
<b>A</b>	<b>Comp &amp; Collision</b>	<b>Y</b>		<b>CICFL002147-01</b>	<b>3/3/2026</b>	<b>3/3/2027</b>	<b>1,000 Deductible</b>

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

Pinellas County has been added as a certificate holder.

**CERTIFICATE HOLDER****CANCELLATION**

Pinellas County, A Political Subdivision of the State of Florida  
 400 South Fort Harrison Avenue  
 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

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[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

## Detail by Entity Name

Florida Limited Liability Company  
MED-LINE MEDICAL TRANSPORT "LLC"

### Filing Information

<b>Document Number</b>	L24000117073
<b>FEI/EIN Number</b>	APPLIED FOR
<b>Date Filed</b>	03/05/2024
<b>Effective Date</b>	03/01/2024
<b>State</b>	FL
<b>Status</b>	ACTIVE
<b>Last Event</b>	LC STMNT OF AUTHORITY 21
<b>Event Date Filed</b>	09/30/2025
<b>Event Effective Date</b>	NONE

### Principal Address

333 W. 41ST STREET  
SUITE 414  
MIAMI BEACH, FL 33140

Changed: 09/30/2025

### Mailing Address

333 W. 41ST STREET  
SUITE 414  
MIAMI BEACH, FL 33140

Changed: 09/30/2025

### Registered Agent Name & Address

The Bernstein Law Firm  
10800 Biscayne Boulevard  
Suite 950  
Miami, FL 33161

Name Changed: 09/26/2025

Address Changed: 09/26/2025

### Authorized Person(s) Detail

#### **Name & Address**

Title AMBR

Olvera, Jose  
1097 Paddington Terrace  
Heathrow, FL 32746

**Annual Reports**

<b>Report Year</b>	<b>Filed Date</b>
2025	09/26/2025

**Document Images**

<a href="#">09/30/2025 -- CORLCAUTH</a>	<a href="#">View image in PDF format</a>
<a href="#">09/26/2025 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/05/2024 -- Florida Limited Liability</a>	<a href="#">View image in PDF format</a>

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

L24000117073  
FILED 8:00 AM  
March 05, 2024  
Sec. Of State  
crico

**Article I**

The name of the Limited Liability Company is:  
MED-LINE MEDICAL TRANSPORT "LLC"

**Article II**

The street address of the principal office of the Limited Liability Company is:  
1037 PADDINGTON TER  
HEATHROW, FL. UN 32746

The mailing address of the Limited Liability Company is:  
1037 PADDINGTON TER  
HEATHROW, FL. UN 32746

**Article III**

The name and Florida street address of the registered agent is:  
MONICA MENDEZ  
1037 PADDINGTON TER  
HEATHROW, FL. 32746

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: MONICA MENDEZ

### **Article IV**

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

Title: MGR  
MONICA MENDEZ  
1037 PADDINGTON TER  
HEATHROW, FL. 32746 UN

L24000117073  
FILED 8:00 AM  
March 05, 2024  
Sec. Of State  
crico

### **Article V**

The effective date for this Limited Liability Company shall be:

03/01/2024

Signature of member or an authorized representative

Electronic Signature: MONICA MENDEZ

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.

**EXHIBIT A**

**SERVICE FEES**

Rate with-in Pinellas County		
Non - Ambulance Service Rates		Non-Ambulance Service Rates
Stretcher flat Rate	\$ 150.00	Stretcher
Wheelchair flat Rate	\$ 75.00	Bariatric / per attendant
		\$ N/A
<b>- Transportation Out Of Pinellas County</b>		
Non - Ambulance Service Rates		Non-Ambulance Service Rates
WC Base Rate	\$75.00	Stretcher load fee
		\$ 150.00
		\$ 3.50 per mile
		Bariatric / per attendant
		\$ 100.00
		Appointment Wait Time
		\$ 25 per 15 min
Non - Ambulance Service Rates		Ambulance Service Rates
Sedan	\$ N/A	Stretcher
Wheelchair	\$ N/A	BLS
		\$ N/A
		ALS
		\$ N/A
		ACLS
		\$ N/A
Non - Ambulance Service Rates		Ambulance Service Rates
Sedan	\$ N/A	Stretcher
Wheelchair	\$ N/A	BLS
		\$ N/A
		ALS
		\$ N/A
		ACLS
		\$ N/A
Non - Ambulance Service Rates		Ambulance Service Rates
Per Leg Min Mileage Threshold		
Sedan	N/A	\$ N/A
Wheelchair	N/A	\$N/A
Per Leg Min Mileage Threshold		
Stretcher	N/A	\$ N/A
BLS	N/A	\$ N/A
ALS	N/A	\$ N/A
ACLS	N/A	\$ N/A

\*\*\*In the event Med-line Medical Transport fails to perform the agreed-upon Services consistent with-in Referral's parameters (each, a "Service Failure"), Provider shall forfeit all or part of the Service Fee (depending on the extent of the Service Failure).

\*\*\*Bariatric weight surcharge will only apply if patient requires Bariatric equipment or exceeds 250lbs.

\*\*\*Additional fees may apply for patient that exceeds 300 lbs/ Super Bariatric Patients that will require more than two safety staff.