



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: 1st Choice Trans LLC
ADDRESS 1: 4651 69th PI N
PHONE: 727-380-0481
HOURS OF OPERATION: 5 A.M. to 9 P.M.

CITY, STATE, ZIP CODE: Pinellas Park

OFFICER/DIRECTOR NAME & TITLE: Ricardo Cunningham
PHONE NUMBER & E-MAIL: 630-201-5371 1stchoicetaxi1@gmail.com

VICE OFFICER/DIRECTOR NAME & TITLE:
PHONE NUMBER & E-MAIL:

BUSINESS HOURS POINT-OF-CONTACT: Ricardo Cunningham
PHONE NUMBER & E-MAIL:

AFTER HOURS POINT-OF-CONTACT: Ricardo Cunningham
PHONE NUMBER & E-MAIL:

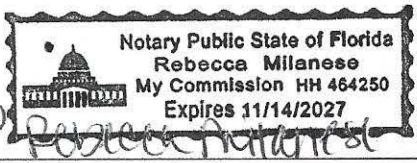
REQUIRED ATTACHMENTS: Record Keeping Verification Form, Vehicle Roster(s), Driver Roster(s), Certificate of Incorporation, Certification of Fictitious Name (d.b.a) if applicable, Insurance Verification for the highest level of service provided, and retail rate schedule. Also include any new applications 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: 12/18/2023

STATE OF FLORIDA
COUNTY OF Pinellas

Subscribed and sworn to (or affirmed) before me this 12/18/23 by Ricardo Cunningham, who is/are personally known to me or has/have produced Drivers license as identification.



[Signature]

(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: 1st Choice TransLLC

Date: 12/14/2023

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



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

Name of Service: 1st Choice TransLLC 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.

	Name (Last, First) Also list "nick-name" if applicable	Class E Driver's License Number	Expiration Date	Date of Birth	Assigned EMS ID #
1.	RICARDO CUNNINGHAM	C552-737-57-209-0	06-09-2030	06-09-1957	572409
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					



WHEELCHAIR VEHICLE ROSTER

Pinellas County Rules and Regulations, as Amended

Name of Service: 1st Choice Trans Page: 1 of 1

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. 01	CF9844	NM0GE9E22N1524893	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2.															
3.															
4.															
5.															
6.															
7.															
8.															
9.															
10.															
11.															
12.															

CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)
01/02/2024

PRODUCER AND THE NAMED INSURED
Prime Property & Casualty Insurance Inc.

8722 S. Harrison St.
Sandy, UT 84070
(801) 304-5500

INSURED
1st Choice Trans LLC

DBA:
4651 69th Pl N
Pinellas Park, FL 33781

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE OF INSURANCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED BY THE INSURANCE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

INSURER A: Prime Property & Casualty Insurance Inc.

INSURER B:

INSURER C: - Company #27876

COVERAGES

"LIMITS SHOWN ARE THOSE IN EFFECT AS OF POLICY INCEPTION"

The policies of insurance listed below have been issued to the insured named above for the policy 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. Aggregate limits shown may have been reduced by paid claims.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
<input type="checkbox"/> Commercial Liability <input type="checkbox"/> Claims Made <input type="checkbox"/> Exclude Products <input type="checkbox"/> Exclude Completed Operations				
<input checked="" type="checkbox"/> Commercial Auto Liability <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input checked="" type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos <input type="checkbox"/> Drive Away <input type="checkbox"/> Specifically Described Autos	PC23061977	06/23/2023	06/23/2024	\$100,000 Per Person \$300,000 Per Accident \$50,000 Physical Damage-total scheduled value \$50,000 Property Damage \$10,000 P.I.P Per Person \$10,000 U.M. Per Person \$20,000 U.M. Per Accident
<input type="checkbox"/> Commercial Garage Liability <input type="checkbox"/> G.K.L.L. <input type="checkbox"/> O.T.R.P.D. <input type="checkbox"/> D.O.C. <input type="checkbox"/> Cargo <input type="checkbox"/> On Hook <input type="checkbox"/> Contractual Liability Indemnification <input type="checkbox"/> Wrongful Repossession <input type="checkbox"/> Claims Made <input type="checkbox"/> Exclude Completed Operations <input type="checkbox"/> Exclude Products				
<input type="checkbox"/> Excess Liability <input type="checkbox"/> Claims Made				

OTHER

DESCRIPTION OF OPERATION/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

CERTIFICATE HOLDER
 ADDITIONAL INSURED
 LOSS PAYEE
 WAIVER OF SUBROGATION
 PRIMARY AND NON-CONTRIBUTORY

PINELLAS COUNTY EMS & FIRE ADMINISTRATION

12490 ULMERTON ROAD SUITE 134
Largo, FL 33774

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 0 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE




 An official website of the United States government. [Here's how you know >](#)

Visit our tips page to learn how to best use the Exclusions Database. If you experience technical difficulties, please email the webmaster at webmaster@oig.hhs.gov.

Exclusions Search Results: Individuals

No Results were found for

CUNNINGHAM , Ricardo

 **If no results are found, this individual or entity (if it is an entity search) is not currently excluded. Print this Web page for your documentation**

Search Again:

Search conducted 1/2/2024 6:00:22 PM EST on OIG LEIE Exclusions database.
Source data updated on 12/8/2023 8:00:00 AM EST

[Return to Search](#)


 An official website of the United States government. [Here's how you know >](#)

Visit our tips page to learn how to best use the Exclusions Database. If you experience technical difficulties, please email the webmaster at webmaster@oig.hhs.gov.

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CUNNINGHAM , Ricardo

 **If no results are found, this individual or entity (if it is an entity search) is not currently excluded. Print this Web page for your documentation**

[Search Again](#)

Search conducted 12/18/2023 1:20:13 PM EST on OIG LEIE Exclusions database.
Source data updated on 12/8/2023 8:00:00 AM EST

[Return to Search](#)

State of Florida
Department of State

I certify the attached is a true and correct copy of the Articles of Organization of 1ST CHOICE TRANS LLC, a limited liability company organized under the laws of the state of Florida, filed electronically on July 19, 2021 effective July 22, 2021, as shown by the records of this office.

I further certify that this is an electronically transmitted certificate authorized by section 15.16, Florida Statutes, and authenticated by the code noted below.

The document number of this limited liability company is L21000325887.

Authentication Code: 210719082148-200370124302#1

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this the
Nineteenth day of July, 2021



A handwritten signature in dark ink, appearing to read "Laurel M. Lee".

Laurel M. Lee
Secretary of State

State of Florida

Department of State

I certify from the records of this office that 1ST CHOICE TRANS LLC, is a limited liability company organized under the laws of the State of Florida, filed electronically on July 19, 2021, effective July 22, 2021.

The document number of this company is L21000325887.

I further certify that said company has paid all fees due this office through December 31, 2021, and its status is active.

I further certify that this is an electronically transmitted certificate authorized by section 15.16, Florida Statutes, and authenticated by the code noted below.

Authentication Code: 210719082148-200370124302#1

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this the
Nineteenth day of July, 2021



A handwritten signature in black ink, appearing to read "Laurel M. Lee".

Laurel M. Lee
Secretary of State

Article IV

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

Title: VP
SANDRA BAIRD
4651 69TH PL N
PINELLAS PARK, FL. 33781 UN

L21000325887
FILED 8:00 AM
July 19, 2021
Sec. Of State
jcmliller

Article V

The effective date for this Limited Liability Company shall be:

07/22/2021

Signature of member or an authorized representative

Electronic Signature: RICARDO CUNNINGHAM

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.

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

L21000325887
FILED 8:00 AM
July 19, 2021
Sec. Of State
jcmiller

Article I

The name of the Limited Liability Company is:

1ST CHOICE TRANS LLC

Article II

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

4651 69TH PL N
PINELLAS PARK, FL. UN 33781

The mailing address of the Limited Liability Company is:

4651 69TH PL N
PINELLAS PARK, FL. UN 33781

Article III

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

RICARDO CUNNINGHAM
4651 69TH PL N
PINELLAS PARK, FL. 33781

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: RICARDO CUNNINGHAM

1ST CHOICE TRANS LLC
 4651 69TH PL N
 PINELLAS PARK FL 33781
 727-380-0481

Rates
 Transportation

1st Choice

SERVICE AREAS: St. Petersburg, FL, and Surrounding Areas.

AMBULATORY RATES

One Way (1-10 miles):	\$17.50
Round Trip (1-20 miles):	\$35.00
One Way over 10 miles:	\$1.75 per mile
Round Trip over 20 miles:	\$1.75 per mile
Wait Time after the first hour:	\$12.00 per hour.
(Wait time needs to be called in as it starts)	
(With approval, non applicable for local transport)	
No Show Fee:	\$15.00
Dead Miles:	

WHEELCHAIR LIFT VAN RATES

Rate:	\$2.30 per mile
Load Fee	\$30.00 each way
One Way (1-10 miles):	\$23.00
Round Trip (1-20 miles):	\$46.00
One Way over 10 miles:	\$2.30 per mile
Round Trip over 20 miles:	\$2.30 per mile
Wait Time after the first hour:	\$15.00 with approval
(Wait time needs to be called in as it starts)	
(With approval, non-applicable for local transport)	
No Show Fee:	\$30.00
Dead Miles:	



American Red Cross
Training Services

Certificate of Completion

Ricardo Cunningham

has successfully completed requirements for

Adult, Child and Baby First Aid/CPR/AED Online (Eligible for Skills Session within 90 days)

Date Completed: 7/14/2022

Validity Period: 2 Years

Conducted by: American Red Cross


To verify certificate, scan code or visit redcross.org/digitalcertificate and enter ID.

Learn and be inspired at LifesavingAwards.org



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


Florida DRIVER LICENSE  **CLASS E**

C552-737-57-209-0

1 CUNNINGHAM
2 RICARDO STEPHON
3 4651 69TH PL N
PINELLAS PARK, FL 33781



1 DOB 06/09/1957 15 SEX M
4b EXP 06/09/2036 16 HGT 5'-09"
12 REST B 9a END NONE

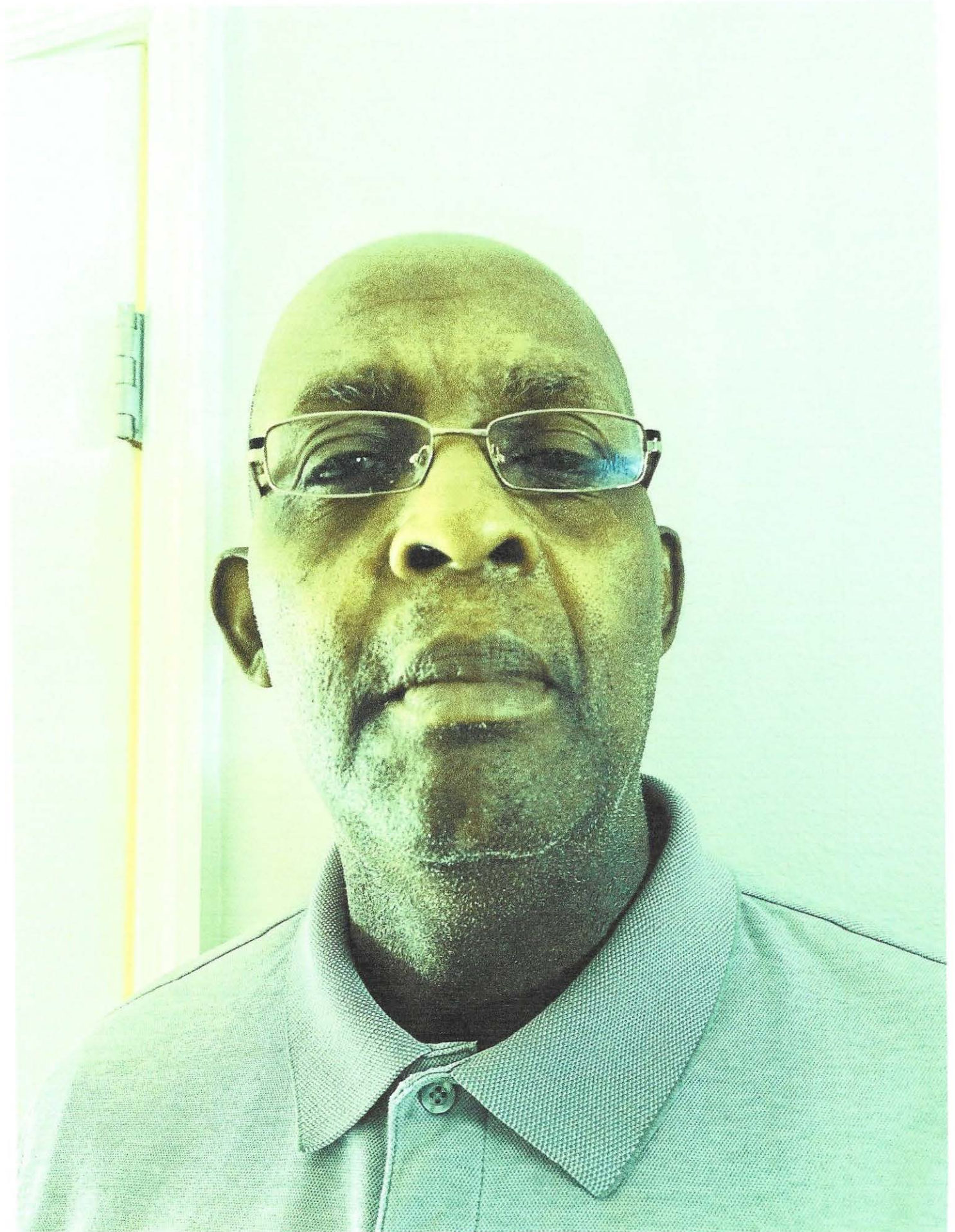
SAFE DRIVER 

4a DS 07/23/2021
5DD J73240728268

Ricardo S. Cunningham

Operation of a motor vehicle constitutes consent to any sobriety test required by law







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

Detail by Entity Name

Florida Limited Liability Company
1ST CHOICE TRANS LLC

Filing Information

Document Number L21000325887
FE/EIN Number 87-1728589
Date Filed 07/19/2021
Effective Date 07/22/2021
State FL
Status ACTIVE

Principal Address

4651 69TH PL N
PINELLAS PARK, FL 33781 UN

Mailing Address

4651 69TH PL N
PINELLAS PARK, FL 33781 UN

Registered Agent Name & Address

CUNNINGHAM, RICARDO
4651 69TH PL N
PINELLAS PARK, FL 33781

Authorized Person(s) Detail

Name & Address

Title President

Cunningham, Ricardo Stephon
4651 69TH PL N
PINELLAS PARK 33781 UN

Title Secretary

Baird, Sandra
4651 69TH PL N
Pinellas Park, FL 33781

Annual Reports

Report Year	Filed Date
-------------	------------

Home Search Initiate Screening Screenings in Process **Screening Results** Livescan Employee/Contractor Roster Log Out

Screening Results

This page provides a listing of screening requests with final determinations. Select the last name of the individual in the list below to open the Profile page. From the Profile page you may review the individual's information and enter a hiring decision by selecting "Add Employment/Contract Record". You may also print a copy of the profile for your personnel files. A result will remain on the list for 30 days once a determination is made. After 30 days, the result can be found by selecting "Search".

Filter Options (Fields with an (*) are required)

Last Name:

Determination Status: ▾

Eligibility Determination Date: to

* Screening Purpose: ▾ ?

Screenings List

Last Name	First Name	SSN	Screening Purpose	Determination	Eligibility Determination Date	Action
CUNNINGHAM	RICARDO	XXX-XX-9846	Medicaid Provider Enrollment	Eligible	03/11/2024	Remove
CUNNINGHAM	RICARDO	XXX-XX-9846	Medicaid Provider Enrollment	Eligible	03/11/2024	Remove

1 - 2 of 2 items

- Connected screenings

Z@95yemxq

If you have any background screening questions or issues please [contact us](#).