Pinellas County EMS & FIRE ADMINISTRATION

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

APPLICATION TYPE: ☐ NEW ☑ RENEWAL

SERVICE TYPE: ☑ Wheelchair Transport ☑ Stretcher Transport ☐ ALS Interfacility ☐ ALS Helicopter ☐ ALS Non-Transport ☐ ALS Transport

TYPE OF ENTITY: ☐ Sole Proprietor ☐ Partnership ☐ Non-Profit Corporation ☑ Corporation

ORGANIZATION NAME: Florida Medical Transport	HOURS OF OPERATION: ☑24-HOUR _____ A.M. to _____ ☐A.M. / ☐P.M.
ADDRESS 1: 3501 Quadrangle Blvd.	PHONE: 855-5535-7433
ADDRESS 2: Suite 260	FAX:
CITY, STATE, ZIP CODE: Orlando, FL 32817	

OFFICER/DIRECTOR NAME & TITLE: Ramin Ekbatani, CEO	PHONE NUMBER & E-MAIL: 855-535-7433 Ray@flmedtransport.com
VICE OFFICER/DIRECTOR NAME & TITLE: Josh Evans, CFO	PHONE NUMBER & E-MAIL: 855-535-7433
BUSINESS HOURS POINT-OF-CONTACT: Jason Rosete, EVP	PHONE NUMBER & E-MAIL: 855-535-7433
AFTER HOURS POINT-OF-CONTACT: Jason Rosete, EVP	PHONE NUMBER & E-MAIL: 855-535-7433

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: 04/16/2026

STATE OF FLORIDA
COUNTY OF Orange

Subscribed and sworn to (or affirmed) before me this May 4th, 2026 by Jason Rosete, who is/are personally known to me or has/have produced personally known as identification.

(SEAL)

LOURDES B JIMENEZ
Notary Public, State of Florida
Commission No. HH 577905
My Comm. Exp. Aug. 1, 2028

(Name of Notary typed, printed or Form stamped)

Form A. Rev. 02/06/2017

Cover Page

Application for COPCN

Application for Certificate of Public Convenience and Necessity

Please download and complete this form.

Upload the noterized the COPCN Notary Form here

Change File COPCN Pinellas Application Page signed.pdf

Name

COPCN Notary Form

Document Type

Supporting Documents

COPCN (Form A)

Section 1

Application Type

	Initial	Renewal
Wheelchair Transport	☐	
Stretcher Transport	☐	
ALS Helicopter	☐	
ALS Interfacility	☐	
ALS Non-Transport	☐	
ALS Transport	☐	
Wheelchair and Stretcher Van		

Type of Entity

*Type of Entity

- ○ Sole Proprietor
- ○ Partnership
- ○ Non-Profit Corporation
- ◉ Corporation

Organization Type

Corporation

Company Information (Form A)

Company Information

Organization Name

Florida Medical Transport

*Street 1

1030 Spring Villas Point

Street 2

*Postal Code

32708

City

Winter Springs

State

Florida

Phone

855 - 535 - 7433 Ext:

Fax

- -

*Hours of operation

24

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

Rosete, Jason (571211)

*Work Phone

954 - 292 - 3334 Ext:

Email

jason@flmedtransport.com

Position

☑ Vice Officer/Director

*Search Contact

Diaz, Terrence (571116)

*Work Phone

855 - 553 - 5743 Ext:

*Email

terry@flmedtransport.com

Position

☑ Business Hours Point-of-Contact

*Search Contact

Rosete, Jason (571211)

*Work Phone

954 - 292 - 3334 Ext:

*Email

jason@flmedtransport.com

Position

☑ After Hours Point-of-Contact

*User

Rosete, Jason (571211)

*Work Phone

954 - 292 - 3334 Ext:

*Email

jason@flmedtransport.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

JR

*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

JR

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

JR

Section 8.1

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

*Initials

JR

Section 8.1

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

*Initials

JR

Section 8.1

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

*Initials

JR

Vehicles (Form C)

Section 1

Vehicle	Unit Number	Vehicle Tag Number	Vehicle Identification Number(VIN)	Active
80d7b460-a793-459c-8eb7-29ea29a38fba	45	DP79DP	1FTYE1C85RKB14640	Yes
d4e96b9c-ee5a-468d-9f33-cd478ea69084	44	RVUR79	1FTYE1C80RKA53746	Yes
30420265-ee4a-4fab-8873-fab4173d078e	52	DL94NB	1FTYE1C85RKA88282	Yes
acfb9244-28b0-449b-96c5-0317881b8460	51	EB95QT	1FTYE1C82RKB14448	Yes
[New]	49	DL45NB	1FTYE1C80RKB13931	Yes

Personnel (Form D)

Section 1

meggers	User	Position
571116	Diaz, Terrence (571116)	
571113	Gonzalez, Jose (571113)	
571115	Quintero, Marilyn (571115)	
571112	Rodriguez, Adrian (571112)	
571211	Rosete, Jason (571211)	WCT Admin Support

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

CICFL000168-04

Issued Date

07/09/2025 Today

Expiration Date

07/09/2026 Today

*Insurance Verification

Change File Cable Certificate of Liability exp_7-9-26.pdf

Name

Insurance Verification

Document Type

Insurance Verification

Certificate of Incorpation

*Certificate of Incorporation

Change File Avesta Articles of Organization - Sunbiz.pdf

Name

Certificate of Incorporation

Document Type

Certificate of Incorporation

Retail Rate Schedule

*Retail Rate Schedule

Change File Hospital Fee Schedule 2026.docx

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 Ficticious name Cert - FMT.pdf

Name

Certification of Fictitious Name

Document Type

Certification of Fictitious Name

Signature

Signature

*Today's Date

05/06/2026 Today

*Signature

Signed on May 6, 2026 3:49:02 PM by Jason Rosete

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 5/07/2026

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 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 Cable Underwriters 221 West Oakland Park Boulevard Ft. Lauderdale FL 33311	CONTACT NAME: Cable Underwriters PHONE (A/C, No, Ext): (954) 563-3000 FAX (A/C, No): E-MAIL ADDRESS: certificate@cableinsurance.com
	INSURER(S) AFFORDING COVERAGE — NAIC #
	INSURER A : CABLE INSURANCE COMPANY — 16572
INSURED AVESTA HEALTHCARE LLC 1030 SPRING VILLAS PT SUITE 1000 WINTER SPRINGS FL 32708	INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :

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	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	[ ] CLAIMS-MADE [ ] OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	[ ] POLICY [ ] PRO-JECT [ ] LOC						PRODUCTS - COMP/OP AGG	$
	[ ] OTHER:							$
A	AUTOMOBILE LIABILITY			CICFL000168-04	07/09/2025	07/09/2026	COMBINED SINGLE LIMIT (Ea accident)	$ 500,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	$
	[ ] ALL OWNED AUTOS [X] SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	[ ] HIRED AUTOS [ ] NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
	[X] SYM 70							$
	UMBRELLA LIAB [ ] OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB [ ] CLAIMS-MADE						AGGREGATE	$
	[ ] DED [ ] RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						[ ] PER STATUTE [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] N / A						E.L. EACH ACCIDENT	$
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						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)

NATURE OF INTEREST: CERTFICATE HOLDER

CERTIFICATE HOLDER

PINELLAS COUNTY, A SUBDIVISION OF THE STATE OF FLOI
400 S. FORT HARRISON AVE.
Clearwater FL 33756

CANCELLATION

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

Michael Gaskin

1/26/22, 11:58 AM Division of Corporations

L22000299951

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000033789 3)))

H22000033789ABC1

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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : NELSON MULLINS RILEY & SCARBOROUGH LLP
Account Number : I19980000090
Phone : (407)839-4200
Fax Number : (407)839-4264

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TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.
AVESTA HEALTHCARE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	$125.00

FHL

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2022 JAN 26 PM 12:59

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(H22000337893)

ARTICLES OF ORGANIZATION

OF

AVESTA HEALTHCARE, LLC

The undersigned acting as the organizer of AVESTA HEALTHCARE, LLC, under the Florida Limited Liability Company Act, Chapter 605, *Fla. Stat.*, adopts the following Articles of Organization:

ARTICLE I - Name:

The name of the limited liability company is AVESTA HEALTHCARE, LLC (the "Company").

ARTICLE II - Address:

The mailing address and the street address of the limited liability company is 1030 Spring Villas Point, Suite 1000, Winter Springs, Florida 32708.

ARTICLE III - Duration:

The period of duration for the Company shall be perpetual, unless dissolved in accordance with the terms of the Operating Agreement of the Company.

ARTICLE IV - Management:

The limited liability company is to be managed by a manager and the name and address of the individual who is to serve as initial manager until the first annual meeting of the members or until his successor is elected and qualified is:

Name	Address
Ramin (Ray) Ekbatani	1030 Spring Villas Point Suite 1000 Winter Springs, Florida 32708

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2022 JAN 26 AM 4:42
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TALLAHASSEE, FLORIDA

ARTICLE V - Admission of Additional Members:

The Company shall admit new Members only upon the majority written consent of all then existing voting Members of the Company.

ARTICLE VI - Adoption of Operating Agreement:

(H22000337893)

(H22000033789 3)

The Company shall adopt Operating Agreement for the Company, which Operating Agreement may contain any provisions for the regulation and management of the affairs of the Company not inconsistent with these Articles of Organization, or Chapter 605, *Fla. Stat.*

ARTICLE VII - Initial Registered Agent and Office:

The initial registered agent for the Company shall be RAMIN (RAY) EKBATANI, whose street address is 1030 Spring Villas Point, Suite 1000, Winter Springs, Florida 32708.

A copy of the registered agent's acceptance to serve accompanies these Articles.

ARTICLE VIII - Amendments:

The Company reserves the right to amend any provision of these Articles of Organization, which amendment shall only be effectuated by the majority written approval of all voting Members of the Company.

ARTICLE IX - Indemnification:

Each individual or entity who is or was a manager of the Company (and the heirs, executor, personal representatives, administrators, successors or assigns of such individual or entity) who was or is made a party to, or is involved in any threatened, pending or completed action, suit or proceeding, whether civil, criminal, administrative or investigative, by reason of the fact that such person is or was a manager of the Company ("Indemnitee"), shall be indemnified and held harmless by the Company to the fullest extent permitted by applicable law, as the same exists or may hereafter be amended. In addition to the indemnification conferred in this Article, the Indemnitee shall also be entitled to have paid directly by the Company the expenses reasonably incurred in defending any such proceeding against such Indemnitee in advance of its final disposition, to the fullest extent authorized by applicable law, as the same exists or may hereafter be amended. The rights and authority conferred in this Article shall not be exclusive of any other right which any person may have or hereafter acquire under any statute, provision of the Articles of Organization or Operating Agreement of the Company, agreement, vote of Members or otherwise. Any repeal or amendment of this Article by the Members of the Company shall not adversely affect any right or protection of a manager or officer existing at the time of such repeal or amendment.

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2022 JAN 26 AM 4:42
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TALLAHASSEE, FLORIDA

4861-5205-4411 v.1 [ED]

(H22000033789 3)

(H22000033789 3)

ARTICLE X – Member Interests:

The Company is authorized to issue both voting and nonvoting member certificates. All common member certificates shall be identical in all respects except the nonvoting member certificates shall carry no right to vote on any matter except as the State of Florida requires that voting rights be granted nonvoting member interests.

IN WITNESS WHEREOF, the undersigned executes these Articles of Organization as of this 26th day of January, 2022.

RAMIN (RAY) EKBATANI

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2022 JAN 26 AM 4:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4861-8205-4411 v.1 [BE]

(H22000033789 3)

(H22000337893)

ACCEPTANCE OF APPOINTMENT OF REGISTERED AGENT

PURSUANT TO THE PROVISIONS OF SECTION 605.415, FLORIDA STATUTES, THE UNDERSIGNED REGISTERED AGENT SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is **AVESTA HEALTHCARE, LLC.**

2. The name and address of the registered agent is:

RAMIN (RAY) EKBATANI
1030 Spring Villas Point
Suite 1000
Winter Springs, Florida 32708

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, the undersigned hereby accepts the appointment as registered agent and agrees to act in his capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of his duties, and that he is familiar with and accepts the obligations of his position as registered agent.

RAMIN (RAY) EKBATANI

Dated this 21st day of January, 2022.

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2022 JAN 26 AM 4:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4861-8205-4411 v.1 (IE)

(H22000337893)

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

REGISTRATION# G22000027636

Fictitious Name to be Registered: FLORIDA MEDICAL TRANSPORT

Mailing Address of Business: 1030 SPRING VILLAS PT STE1000
WINTER SPRINGS, FL 32708

Florida County of Principal Place of Business: FLAGLER

FEI Number: 87-4683152

FILED
Feb 24, 2022
Secretary of State

Owner(s) of Fictitious Name:

AVESTA HEALTHCARE LLC
1030 SPRING VILLAS PT STE1000
WINTER SPRINGS, FL 32708
Florida Document Number: L22000029951
FEI Number: 87-4683152

I the undersigned, being an owner in the above fictitious name, certify that the information indicated on this form is true and accurate. I further certify that the fictitious name to be registered has been advertised at least once in a newspaper as defined in Chapter 50, Florida Statutes, in the county where the principal place of business is located. I understand that the electronic signature below shall have the same legal effect as if made under oath and 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, Florida Statutes.

RAMIN EKBATANI — 02/24/2022

Electronic Signature(s) — Date

Certificate of Status Requested ( ) **Certified Copy Requested ( )**

SCHEDULE A

Florida Medical Transport – 2026 Hospital Rate Sheet (one way)

Service	Base Fee	Per Mile
Wheelchair – Standard	$100	$2.95
Wheelchair – Bariatric (> 250 lbs.)	$125	$2.95
Stretcher – Standard	$175	$3.95
Stretcher – Bariatric (> 250 lbs.)	$245	$3.95
Wait Time	$80/hr	
Oxygen Fee	$50	
Contact Precautions / Special Needs Fee	$135	
After Hours / Holiday Fee (9p-7a)	1.5x	

Standard Hours: Monday-Sunday 7am-9pm

After Hours: Monday-Sunday 9pm-7am

CONFIDENTIAL