



## APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

APPLICATION TYPE:  NEW  RENEWALSERVICE TYPE:  Wheelchair Transport  ALS Interfacility  
 Stretcher Transport  ALS Helicopter  ALS Non-Transport  
 ALS TransportTYPE OF ENTITY:  Sole Proprietor  Partnership  Non-Profit Corporation  Corporation

ORGANIZATION NAME: <b>Stratus Transport LLC</b>	HOURS OF OPERATION: <input type="checkbox"/> 24-HOUR <b>7:30 A.M. to 5:00 P.M. / 24-HOUR</b>
ADDRESS 1: <b>353 3rd Ave N. Suite #400</b>	PHONE: <b>727-280-6964</b>
ADDRESS 2:	FAX:

CITY, STATE, ZIP CODE:

**St. Petersburg, Florida, 33701**

OFFICER/DIRECTOR NAME & TITLE: <b>Alphonso White Jr., Owner</b>	PHONE NUMBER & E-MAIL: <b>727-280-6964 admin@stratustransport.com</b>
VICE OFFICER/DIRECTOR NAME & TITLE:	PHONE NUMBER & E-MAIL:
BUSINESS HOURS POINT-OF-CONTACT: <b>Alphonso White Jr.</b>	PHONE NUMBER & E-MAIL: <b>727-280-6964 admin@stratustransport.com</b>
AFTER HOURS POINT-OF-CONTACT: <b>Alphonso White Jr.</b>	PHONE NUMBER & E-MAIL: <b>727-280-6964 admin@stratustransport.com</b>

**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.

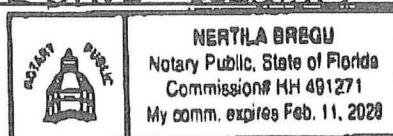
I, the undersigned representative of the above named firm, do hereby acknowledge this certificate may be suspended or revoked if at any time the firm fails to meet all of the requirements of the Pinellas County Code or Rules and Regulations.

SIGNATURE OF APPLICANT:  
**Alphonso White**

DATE:  
**12/31/25**

STATE OF FLORIDA  
COUNTY OF **Pinellas**

Subscribed and sworn to (or affirmed) before me this **12-31-25** by **Alphonso White**, who  
is/are personally known to me or has/have produced **FL Driver License** as identification.



(SEAL)  
**Nehtila Bregu**

(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: Stratus Transport LLC

Date: 12-23-25

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



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

Name of Service: Stratus Transport LLC

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 property 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/stretcher	Properly designed passenger safety belts and/or straps	Radio/tablet/cell phone for communication with base station	Exterior lights – high, low, turns, brake, tail, backup	Interior clean, sanitary and in good working order
1.	1	2C4YRD6CG2KR791 +21													
2.															
3.															
4.															
5.															
6.															
7.															
8.															
9.															
10.															
11.															
12.															



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

Name of Service: Strategic Transport LLC 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. Whiteds Alphonso	W300-912-91-167-0	05/07/2028	05/07/1991	
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/19/2025

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).

PRODUCER	CONTACT NAME: Daniel Edgar		
	PHONE (A/C, No. Ext): (813)248-6800	FAX (A/C, No): (813)248-6877	
INSURED	E-MAIL ADDRESS: info@bigins.net	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: National Indemnity Company Of The South	42137	INSURER B:
Stratus Transport, LLC 333 3rd Ave N Ste 400 Saint Petersburg, FL 33701	INSURER C:	INSURER D:	INSURER E:
	INSURER F:		

## COVERS

CERTIFICATE NUMBER: 00002659-251219184110

REVISION NUMBER: 1

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 CLAIMS-MADE <input type="checkbox"/> OCCUR						EACH OCCURRENCE	\$
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC OTHER:						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$
							PRODUCTS - COMP/OP AGG	\$
								\$
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			74APS130371-01	12/29/2025	12/29/2026	COMBINED SINGLE LIMIT (Ea accident)	\$ 300,000
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						BODILY INJURY (Per person)	\$
	DED <input type="checkbox"/> RETENTION \$						BODILY INJURY (Per accident)	\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				PROPERTY DAMAGE (Per accident)	\$
								\$
							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

Proof of Insurance	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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## Detail by Entity Name

Florida Limited Liability Company

STRATUS TRANSPORT LLC

### Filing Information

**Document Number** L25000141833

**FEI/EIN Number** NONE

**Date Filed** 03/24/2025

**State** FL

**Status** ACTIVE

### Principal Address

333 3RD AVENUE NORTH  
ST. PETERSBURG, FL 33701

### Mailing Address

333 3RD AVENUE NORTH  
ST. PETERSBURG, FL 33701

### Registered Agent Name & Address

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

### Authorized Person(s) Detail

#### **Name & Address**

Title AMBR

WHITE, ALPHONSO  
333 3RD AVENUE NORTH  
ST. PETERSBURG, FL 33701

### Annual Reports

#### **No Annual Reports Filed**

### Document Images

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Florida Department of State, Division of Corporations