



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: Florida Health Sciences Center, Inc. dba Tampa General Hospital
HOURS OF OPERATION: 24-HOUR
ADDRESS 1: 1 Tampa General Circle
PHONE: 813-844-7400 or 800-727-1911
ADDRESS 2: PO Box 1289 Tampa, Florida 33601
FAX: 813-844-5773
CITY, STATE, ZIP CODE: Tampa, Florida 33606
OFFICER/DIRECTOR NAME & TITLE: See attached officer spreadsheet
PHONE NUMBER & E-MAIL:
VICE OFFICER/DIRECTOR NAME & TITLE:
PHONE NUMBER & E-MAIL:
BUSINESS HOURS POINT-OF-CONTACT:
PHONE NUMBER & E-MAIL:
AFTER HOURS POINT-OF-CONTACT:
PHONE NUMBER & E-MAIL:

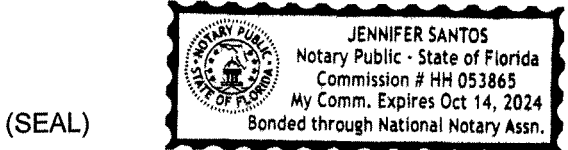
REQUIRED ATTACHMENTS: Record Keeping Verification Form, Vehicle Roster(s), Driver Roster(s), Certificate of Incorporation, Certification of Fictitious Name (d.b.a) if applicable, Insurance Verification for the highest level of service provided, and retail rate schedule. Also include any new applications 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: John Visokay
DATE: 10/7/21

STATE OF FLORIDA
COUNTY OF Hillsborough

Subscribed and sworn to (or affirmed) before me this 10-7-2021 by John Visokay, who is/are personally known to me or has/have produced License as identification.



Jennifer Santos
[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: Florida Health Sciences Center, Inc. dba Tampa

N/A

Date: 10/7/2021

Section	Inspection Items	Initials
8.1	Record all telephone lines when used for requests for transport, including cell phones.* *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>KK</u>
8.1	Written record contains: <ul style="list-style-type: none"> • 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) 	<u>KK</u>
8.1	Audio dispatch records shall be kept for a minimum of six (6) months.	<u>KK</u>
8.1	Written or electronic dispatch shall be kept for a minimum of three (3) years.	<u>KK</u>
8.1	Dispatch audio & written/electronic records shall be available for inspection.	<u>KK</u>



CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY (COPCN)

All commercial Wheelchair Transport/Stretcher Van and ALS Providers servicing clients in Pinellas County are required to obtain a COPCN prior to transport of clients within the County pursuant to the Rules and Regulations of the Pinellas County Emergency Medical Service System and Pinellas County Code, Chapter 54, Emergency Services.

Providers that have met the application requirements are presented to the Board of County Commissioners (EMS Authority) for approval. After the Board has approved the applications, a COPCN is issued, including the number of vehicle permits corresponding to the vehicle roster in the application.

Please verify that you have complied with all requirements listed below prior to submitting your application. Incomplete applications will be returned.

COPCN APPLICATION INSTRUCTIONS:

Complete the following forms:

- 1. Application for COPCN (Form A). Complete each section on Form A and Notarize. Review all attachments included in this application packet. Copies may be made of any forms if additional sheets are needed. Contact the EMS & Fire Administration at (727) 582-5872 if there are any questions regarding this application packet.
- 2. Record Keeping Verification Form (Form B). Document the ability to record incoming phone lines and/or maintain written records for each call. Verify accessibility of archived records for inspection (See Rules & Regulations 8.1).
- 3. Vehicle Roster (Forms C-1 & C-2). Provide Unit, Florida Vehicle Tag and VIN numbers for all Wheelchair Transport Vehicles/Stretcher Vans, as applicable. For Providers offering both services, please ensure Wheelchair and Stretcher vehicle rosters are recorded separately. Vehicles must be inspected by an EMS and Fire Administration Representative (See Rules & Regulations 8.3). ALS Helicopter applications - provide aircraft information. *airworthiness certs/notes*
- 4. Driver Roster (Form D). Provide a list of each certified driver by name, including their Florida Class E Driver's License number, expiration date, date of birth and EMS ID Number.
ALS Helicopter applications - please provide pilot/crew information.

include the following with the application:

- 1. Certificate of Incorporation and Certification of Fictitious Name (d.b.a.) as registered with the State of Florida, as applicable.
- 2. 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).
- 3. Agency's retail rate schedule for all services provided.
- 4. County Driver Certification. Any new applicant a Provider seeks to have certified must meet the County Driver Application & Certification Requirements outlined in the following section.

Once the application forms and attachments are prepared, submit the completed application package to the Pinellas County EMS Authority.

COUNTY DRIVER APPLICATION & CERTIFICATION REQUIREMENTS:

Copies of the following documentation must be submitted to the Pinellas County EMS Authority for all new drivers:

- 1. Completed Background Screening Affidavit with background check (**verification must be less than 45 days old**).
- 2. Current CPR and First Aid certification. For Florida Department of Health licenses, include a copy of the web inquiry, verifying the license is "CLEAR/ACTIVE", as well as attach any discipline on file (<http://www.flhealthsource.gov/>).
- 3. Valid driver's license.
- 4. Completed verification applicant is not listed on the U.S. Department of Health and Human Services Exclusions Database (<https://exclusions.oig.hhs.gov/>).
- 5. Color photo in JPEG format.

Applicants must complete an orientation provided by the Provider Agency, as well as be in compliance with all Protocols, Rules and Regulations of the EMS System. Once the applicant receives approval of the EMS Medical Director, they will receive initial Certification.

All certified wheelchair/stretchers drivers must continue to provide updated documentation to maintain County Certification. Direct any questions about driver certification to the EMS & Fire Administration at (727) 582-5872.

RULES AND REGULATIONS:

- Pinellas County Emergency Medical Services Rules and Regulations • Addresses the obligations and duties of the Pinellas County EMS System.
- Florida Municipal Codes, Chapter 54 - Emergency Services • Copy of Florida State laws governing EMS and Transportation Services.

FORMS:

The forms included in this application packet may be copied and used for reporting to the Office of the Medical Director.

- Monthly Activity Report
 - Used to record wheelchair, stretcher, and reclining wheelchair van service data.
 - Must be filed with the Medical Director within ten (10) working days of month's end.
- Medical Incident Report
 - Used to document any event or patient requiring an Incident Report.
 - Must be filed within 72 hours of the event.



A E R O M E D

Name	Title	Address	Phone	E-mail
John Couris	President & CEO	1 Tampa General Circle, Tampa, FL 33606	813-844-4520	Jcouris@tgh.org
Kelly Cullen	Executive Vice President & Chief Operating Officer	1 Tampa General Circle, Tampa, FL 33606	813-844-7135	Kcullen@tgh.org
Michele Moran	Senior Director, Emergency, Trauma Services, and Aeromed Transport Program	1 Tampa General Circle, Tampa, FL 33606	813-844-3282	mmoran@tgh.org
John Visokay	Aeromed Director	1 Tampa General Circle, Tampa, FL 33606	813-844-7758	jvisokay@tgh.org
Mike Stanberry	President, Metro Aviation, Inc.	1214 Hawn Avenue, Shreveport, LA 71107	318-698-5200	mstanberry@metroaviation.com
Todd Stanberry	Director Business Integration, Metro Aviation, Inc.	1214 Hawn Avenue, Shreveport, LA 71107	318-698-5200	tstanberry@metroaviation.com



A E R O M E D

Make	Base	Model	Year of Manufacture	Permit #	FAA Registration/Tail #	Serial #	Color Scheme
Airbus Helicopters	Aeromed 1/TGH	MBB BK 117C2	2020	2021	N630AH	9855.00	blue/yellow
Eurocopter	Back up aircraft	MBB BK 117 C1	1993	1732	N911TG	7506	blue/gold
Bell Helicopter	Aeromed 2/Sebring	407 GX	2012	1744	N922TG	54375	blue/gold
Bell Helicopter	Back up aircraft	407 GX	2012	1745	N933TG	54376	blue/gold
Bell Helicopter	Aeromed 4/Bartow	407 GX	2012	1746	N944TG	54377	blue/gold
Bell Helicopter	Aeromed 5/Punta Gorda	407 GX	2012	1747	N955TG	54379	blue/gold

N933TG is the dedicated back up aircraft for the Aeromed program.



US Department
of Transportation
**Federal Aviation
Administration**

Air Carrier Certificate

This certifies that

**METRO AVIATION, INC.
1214 HAWN AVENUE
SHREVEPORT, LA. 71107**

has met the requirements of the Federal Aviation Act of 1958, as amended, and the rules, regulations, and standards prescribed thereunder for the issuance of this certificate and is hereby authorized to operate as an air carrier and conduct common carriage operations in accordance with said Act and the rules, regulations, and standards prescribed thereunder and the terms, conditions, and limitations contained in the approved operations specifications.

This certificate is not transferable and, unless sooner surrendered, suspended, or revoked, shall continue in effect indefinitely.

By Direction of the Administrator

William Lloyd Kelley
(Signature)

Manager
(Title)

ASW-FSDO-03
(Region/Office)


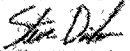
Certificate number: HDNA610E

Effective Date: August 13, 1985

Reissued: November 15, 2007

Issued at: ASW-FSDO-03

REGISTRATION NOT TRANSFERABLE

UNITED STATES OF AMERICA DEPARTMENT OF TRANSPORTATION - FEDERAL AVIATION ADMINISTRATION CERTIFICATE OF AIRCRAFT REGISTRATION		This certificate must be in the air- craft when operated.
NATIONALITY AND REGISTRATION MARKS N 911TG	AIRCRAFT SERIAL NO. 9855	
MANUFACTURER AND MANUFACTURER'S DESIGNATION OF AIRCRAFT AIRBUS HELICOPTERS INC MBB-BK 117 C-2		
ICAO Aircraft Address Code: 53116022		
I S S U E T O	FLORIDA HEALTH SCIENCES CENTER INC DBA TAMPA GENERAL HOSPITAL 1 TAMPA GENERAL CIR TAMPA FL 33606-3571	This certificate is issued for registration purposes only and is not a certificate of title. The Federal Aviation Administration does not determine rights of ownership as between private persons.
	Corporation	 U.S. Department of Transportation Federal Aviation Administration
It is certified that the above described aircraft has been entered on the register of the Federal Aviation Administration, United States of America, in accordance with the Convention on International Civil Aviation dated December 7, 1944, and with Title 49, United States Code, and regulations issued thereunder.		
DATE OF ISSUE May 10, 2021 EXPIRATION DATE May 31, 2024	 ADMINISTRATOR	

AC Form 8050-3 (10/2019) Supersedes previous editions

**U.S. Department
of Transportation
Federal Aviation
Administration**

Civil Aviation Registry
P.O. Box 25504
Oklahoma City, OK 73125-0504

Official Business
Penalty for Private Use \$300

AC Form 8050-3 (10/2019) Supersedes previous edition 911TG

TO: FLORIDA HEALTH SCIENCES CENTER INC DBA
1 TAMPA GENERAL CIR
TAMPA FL 33606-3571

UNITED STATES OF AMERICA DEPARTMENT OF TRANSPORTATION-FEDERAL AVIATION ADMINISTRATION STANDARD AIRWORTHINESS CERTIFICATE			
1 NATIONALITY AND REGISTRATION MARKS N914TG	2 MANUFACTURER AND MODEL EUROCOPTER DEUTSCHLAND GMBH MBB-BK 117 C-1	3 AIRCRAFT SERIAL NUMBER 7506	4 CATEGORY Transport
5 AUTHORITY AND BASIS FOR ISSUANCE This airworthiness certificate is issued pursuant to 49 U.S.C. § 44704 and certifies that as of the date of issuance, this aircraft has been inspected and found to conform to its type certificate and be in condition for safe operation. This aircraft meets the requirements of the applicable airworthiness standards in Annex 8 to the Convention on International Civil Aviation, except as follows: NONE			
6 TERMS AND CONDITIONS Unless sooner surrendered, suspended, revoked, or a termination date is otherwise established by the FAA, this airworthiness certificate is effective as long as maintenance, preventative maintenance, and alterations are performed per the applicable Federal Aviation Regulations and the aircraft is registered in the United States.			
DATE OF ISSUANCE R- 31/Dec/2020	FAA REPRESENTATIVE //Signed by//Milton Kimmell Geltz, 07:38 AM, December 31, 2020	DESIGNATION NUMBER 294096223	
Any alteration, misuse, or reproduction of this certificate for a fraudulent purpose may be punishable by certificate revocation, fine, and / or imprisonment. THIS CERTIFICATE MUST BE DISPLAYED IN THE AIRCRAFT PER THE APPLICABLE FEDERAL AVIATION REGULATIONS.			
FAA Form 8100-2 (9-2019) Previous Edition May be Used Until Depleted			

UNITED STATES OF AMERICA
DEPARTMENT OF TRANSPORTATION-FEDERAL AVIATION ADMINISTRATION

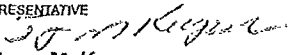
STANDARD AIRWORTHINESS CERTIFICATE

1 NATIONALITY AND REGISTRATION MARKS	2 MANUFACTURER AND MODEL	3 AIRCRAFT SERIAL NUMBER	4 CATEGORY
N922TG	Bell Helicopter Textron Canada Ltd 407	54375	Normal

⁵ AUTHORITY AND BASIS FOR ISSUANCE: This airworthiness certificate is issued pursuant to the Federal Aviation Act of 1958 and certifies that, as of the date of issuance, the aircraft to which issued has been inspected and found to conform to the type certificate therefor, to be in condition for safe operation, and has been shown to meet the requirements of the applicable comprehensive and detailed airworthiness code as provided by Annex 8 to the Convention on International Civil Aviation, except as noted herein. Exceptions:

NONE

⁶ TERMS AND CONDITIONS: Unless sooner surrendered, suspended, revoked, or a termination date is otherwise established by the Administrator, this airworthiness certificate is effective as long as the maintenance, preventative maintenance, and alterations are performed in accordance with Parts 21, 43, and 91 of the Federal Aviation Regulations, as appropriate, and the aircraft is registered in the United States.

DATE OF ISSUANCE	FAA REPRESENTATIVE	DESIGNATION NUMBER
(R) Nov. 28, 2012	 Jerry M. Keyser	DART-830547-EA

Any alteration, reproduction, or misuse of this certificate may be punishable by a fine not exceeding \$1,000 or imprisonment not exceeding 3 years or both.
THIS CERTIFICATE MUST BE DISPLAYED IN THE AIRCRAFT IN ACCORDANCE WITH APPLICABLE FEDERAL AVIATION REGULATIONS.

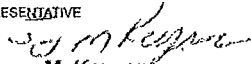
UNITED STATES OF AMERICA
DEPARTMENT OF TRANSPORTATION-FEDERAL AVIATION ADMINISTRATION
STANDARD AIRWORTHINESS CERTIFICATE

1 NATIONALITY AND REGISTRATION MARKS	2 MANUFACTURER AND MODEL	3 AIRCRAFT SERIAL NUMBER	4 CATEGORY
N933TG	Bell Helicopter Textron Canada Ltd 407	54376	Normal

⁵ AUTHORITY AND BASIS FOR ISSUANCE: This airworthiness certificate is issued pursuant to the Federal Aviation Act of 1958 and certifies that, as of the date of issuance, the aircraft to which issued has been inspected and found to conform to the type certificate therefor, to be in condition for safe operation, and has been shown to meet the requirements of the applicable comprehensive and detailed airworthiness code as provided by Annex 8 to the Convention on International Civil Aviation, except as noted herein. Exceptions:

NONE

⁶ TERMS AND CONDITIONS: Unless sooner surrendered, suspended, revoked, or a termination date is otherwise established by the Administrator, this airworthiness certificate is effective as long as the maintenance, preventative maintenance, and alterations are performed in accordance with Parts 21, 43, and 91 of the Federal Aviation Regulations, as appropriate, and the aircraft is registered in the United States.

DATE OF ISSUANCE	FAA REPRESENTATIVE	DESIGNATION NUMBER
(R) Nov. 28, 2012	 Jerry M. Keyser	DART-830547-EA

Any falsification, reproduction, or misuse of this certificate may be punishable by a fine not exceeding \$1,000 or imprisonment not exceeding 3 years or both.
THIS CERTIFICATE MUST BE DISPLAYED IN THE AIRCRAFT IN ACCORDANCE WITH APPLICABLE FEDERAL AVIATION REGULATIONS.

UNITED STATES OF AMERICA
DEPARTMENT OF TRANSPORTATION-FEDERAL AVIATION ADMINISTRATION
STANDARD AIRWORTHINESS CERTIFICATE

1 NATIONALITY AND REGISTRATION MARKS N944TG	2 MANUFACTURER AND MODEL Bell Helicopter Textron Canada Ltd 407	3 AIRCRAFT SERIAL NUMBER 54377	4 CATEGORY Normal
--	---	---	---------------------------------

⁵ AUTHORITY AND BASIS FOR ISSUANCE: This airworthiness certificate is issued pursuant to the Federal Aviation Act of 1958 and certifies that, as of the date of issuance, the aircraft to which issued has been inspected and found to conform to the type certificate therefor, to be in condition for safe operation, and has been shown to meet the requirements of the applicable comprehensive and detailed airworthiness code as provided by Annex 8 to the Convention on International Civil Aviation, except as noted herein. Exceptions:

NONE

⁶ TERMS AND CONDITIONS: Unless sooner surrendered, suspended, revoked, or a termination date is otherwise established by the Administrator, this airworthiness certificate is effective as long as the maintenance, preventative maintenance, and alterations are performed in accordance with Parts 21, 43, and 91 of the Federal Aviation Regulations, as appropriate, and the aircraft is registered in the United States.

DATE OF ISSUANCE (R)Dec. 05, 2012	FAA REPRESENTATIVE <i>Jerry M. Keyser</i> Jerry M. Keyser	DESIGNATION NUMBER DART-830547-EA
---	--	---

Any alteration, reproduction, or misuse of this certificate may be punishable by a fine not exceeding \$1,000 or imprisonment not exceeding 3 years or both.
THIS CERTIFICATE MUST BE DISPLAYED IN THE AIRCRAFT IN ACCORDANCE WITH APPLICABLE FEDERAL AVIATION REGULATIONS.

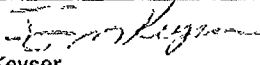
UNITED STATES OF AMERICA
DEPARTMENT OF TRANSPORTATION-FEDERAL AVIATION ADMINISTRATION
STANDARD AIRWORTHINESS CERTIFICATE

1 NATIONALITY AND REGISTRATION MARKS N955TG	2 MANUFACTURER AND MODEL Bell Helicopter Textron Canada Ltd 407	3 AIRCRAFT SERIAL NUMBER 54379	4 CATEGORY Normal
--	---	---	---------------------------------

⁵ AUTHORITY AND BASIS FOR ISSUANCE: This airworthiness certificate is issued pursuant to the Federal Aviation Act of 1958 and certifies that, as of the date of issuance, the aircraft to which issued has been inspected and found to conform to the type certificate therefor, to be in condition for safe operation, and has been shown to meet the requirements of the applicable comprehensive and detailed airworthiness code as provided by Annex 8 to the Convention on International Civil Aviation, except as noted herein. Exceptions:

NONE

⁶ TERMS AND CONDITIONS: Unless sooner surrendered, suspended, revoked, or a termination date is otherwise established by the Administrator, this airworthiness certificate is effective as long as the maintenance, preventative maintenance, and alterations are performed in accordance with Parts 21, 43, and 91 of the Federal Aviation Regulations, as appropriate, and the aircraft is registered in the United States.

DATE OF ISSUANCE (R) Dec. 12, 2012	FAA REPRESENTATIVE Jerry M. Keyser 	DESIGNATION NUMBER DART-830547-EA
--	--	---

Any alteration, reproduction, or misuse of this certificate may be punishable by a fine not exceeding \$1,000 or imprisonment not exceeding 3 years or both.
THIS CERTIFICATE MUST BE DISPLAYED IN THE AIRCRAFT IN ACCORDANCE WITH APPLICABLE FEDERAL AVIATION REGULATIONS.



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

Detail by Entity Name

Florida Not For Profit Corporation
FLORIDA HEALTH SCIENCES CENTER, INC.

Filing Information

Document Number	N97000003941
FEI/EIN Number	59-3458145
Date Filed	07/09/1997
State	FL
Status	ACTIVE
Last Event	CANCEL ADM DISS/REV
Event Date Filed	09/29/2009
Event Effective Date	NONE

Principal Address

TAMPA GENERAL HOSPITAL
ONE TAMPA GENERAL CIRCLE
TAMPA, FL 33606

Changed: 09/29/2009

Mailing Address

TAMPA GENERAL HOSPITAL
PO BOX 1289
TAMPA, FL 33601-1289

Changed: 05/14/2020

Registered Agent Name & Address

JUSTICE, NICOLE, MSJ
ONE DAVIS BLVD - STE. 401
TAMPA, FL 33606

Name Changed: 09/24/2019

Address Changed: 09/24/2019

Officer/Director Detail

Name & Address

Title Director

MANGAR, DEVANAND, Dr.

TAMPA GENERAL HOSPITAL
ONE TAMPA GENERAL CIRCLE
TAMPA, FL 33606

Title Secretary, Director

MARSHALL, GENE E
TAMPA GENERAL HOSPITAL
ONE TAMPA GENERAL CIRCLE
TAMPA, FL 33606

Title Director

TOUCHTON, JOHN T, Jr.
TAMPA GENERAL HOSPITAL
ONE TAMPA GENERAL CIRCLE
TAMPA, FL 33606

Title Director

CASPER, BLAKE J
TAMPA GENERAL HOSPITAL
ONE TAMPA GENERAL CIRCLE
TAMPA, FL 33606

Title Treasurer, Director

GRAHAM, DREW
TAMPA GENERAL HOSPITAL
ONE TAMPA GENERAL CIRCLE
TAMPA, FL 33606

Title Director

BUKKAPATNAM, RAVIENDER, Dr.
TAMPA GENERAL HOSPITAL
ONE TAMPA GENERAL CIRCLE
TAMPA, FL 33606

Title Chairman, Director

DINGLE, PHILLIP S
TAMPA GENERAL HOSPITAL
ONE TAMPA GENERAL CIRCLE
TAMPA, FL 33606

Title Director

SHANAHAN, KATHLEEN
TAMPA GENERAL HOSPITAL
ONE TAMPA GENERAL CIRCLE
TAMPA, FL 33606

Title CEO, President

COURIS, JOHN
TAMPA GENERAL HOSPITAL
ONE TAMPA GENERAL CIRCLE
TAMPA, FL 33606

Title Director

JURINSKI, PATRICIA
TAMPA GENERAL HOSPITAL
ONE TAMPA GENERAL CIRCLE
TAMPA, FL 33606

Title Director

MUMA, LES
TAMPA GENERAL HOSPITAL
ONE TAMPA GENERAL CIRCLE
TAMPA, FL 33606

Title Director

CELESTAN, GREGORY J
TAMPA GENERAL HOSPITAL
ONE TAMPA GENERAL CIRCLE
TAMPA, FL 33606

Title Director

GONZMART, RICHARD
TAMPA GENERAL HOSPITAL
ONE TAMPA GENERAL CIRCLE
TAMPA, FL 33606

Title Director

BAILEY, MARY LOU
TAMPA GENERAL HOSPITAL
ONE TAMPA GENERAL CIRCLE
TAMPA, FL 33606

Title Director

BAK, JEFFREY W
TAMPA GENERAL HOSPITAL
ONE TAMPA GENERAL CIRCLE
TAMPA, FL 33606

Title Director

NALLAMSHETTY, KRISHNA, MD

TAMPA GENERAL HOSPITAL
ONE TAMPA GENERAL CIRCLE
TAMPA, FL 33606

Title Director

ZWIEBEL, BRUCE, MD
TAMPA GENERAL HOSPITAL
ONE TAMPA GENERAL CIRCLE
TAMPA, FL 33606

Title Director

TOMLIN, HOLLY
TAMPA GENERAL HOSPITAL
ONE TAMPA GENERAL CIRCLE
TAMPA, FL 33606

Annual Reports

Report Year	Filed Date
2019	04/04/2019
2020	05/14/2020
2021	04/27/2021

Document Images

04/27/2021 -- ANNUAL REPORT	View image in PDF format
05/14/2020 -- ANNUAL REPORT	View image in PDF format
09/24/2019 -- Reg. Agent Change	View image in PDF format
06/19/2019 -- Reg. Agent Change	View image in PDF format
04/04/2019 -- ANNUAL REPORT	View image in PDF format
01/02/2019 -- Reg. Agent Change	View image in PDF format
10/23/2018 -- Reg. Agent Change	View image in PDF format
03/15/2018 -- Reg. Agent Change	View image in PDF format
01/30/2018 -- ANNUAL REPORT	View image in PDF format
02/23/2017 -- ANNUAL REPORT	View image in PDF format
04/12/2016 -- ANNUAL REPORT	View image in PDF format
04/02/2015 -- ANNUAL REPORT	View image in PDF format
06/10/2014 -- AMENDED ANNUAL REPORT	View image in PDF format
02/28/2014 -- ANNUAL REPORT	View image in PDF format
01/24/2013 -- ANNUAL REPORT	View image in PDF format
01/03/2012 -- ANNUAL REPORT	View image in PDF format
01/14/2011 -- ANNUAL REPORT	View image in PDF format
03/18/2010 -- ANNUAL REPORT	View image in PDF format
09/29/2009 -- REINSTATEMENT	View image in PDF format
05/28/2008 -- ANNUAL REPORT	View image in PDF format
06/06/2007 -- ANNUAL REPORT	View image in PDF format
03/21/2006 -- ANNUAL REPORT	View image in PDF format
08/22/2005 -- ANNUAL REPORT	View image in PDF format
08/09/2005 -- ANNUAL REPORT	

	View image in PDF format
06/21/2004 -- ANNUAL REPORT	View image in PDF format
06/17/2003 -- ANNUAL REPORT	View image in PDF format
05/27/2003 -- ANNUAL REPORT	View image in PDF format
05/09/2002 -- ANNUAL REPORT	View image in PDF format
09/20/2001 -- Reg. Agent Change	View image in PDF format
02/12/2001 -- ANNUAL REPORT	View image in PDF format
08/28/2000 -- ANNUAL REPORT	View image in PDF format
08/08/2000 -- Amendment	View image in PDF format
01/03/2000 -- Reg. Agent Change	View image in PDF format
06/10/1999 -- ANNUAL REPORT	View image in PDF format
05/08/1998 -- ANNUAL REPORT	View image in PDF format
11/24/1997 -- Reg. Agent Change	View image in PDF format
07/27/1997 -- AMENDMENT	View image in PDF format

10/7/2021 2:31 PM



[Previous on List](#) [Next on List](#) [Return to List](#)

Fictitious Name Search

[Filing History](#)

Fictitious Name Detail

Fictitious Name

TAMPA GENERAL HOSPITAL

Filing Information

Registration Number G03321700153
Status ACTIVE
Filed Date 11/17/2003
Expiration Date 12/31/2023
Current Owners 1
County HILLSBOROUGH
Total Pages 4
Events Filed 3
FEI/EIN Number 59-3458145

Mailing Address

ATTN: CHIEF FINANCIAL OFFICER
POST OFFICE BOX 1289
TAMPA, FL 33601

Owner Information

FLORIDA HEALTH SCIENCES CENTER, INC.
1 TAMPA GENERAL CIRCLE
TAMPA, FL 33606
FEI/EIN Number: 59-3458145
Document Number: N97000003941

Document Images

[11/17/2003 -- REGISTRATION](#)

[08/30/2018 -- Fictitious Name Renewal Filing](#)

[06/10/2013 -- Fictitious Name Renewal Filing](#)

[12/12/2008 -- RENEWAL](#)

[Previous on List](#) [Next on List](#) [Return to List](#)

Fictitious Name Search

[Filing History](#)



[Previous on List](#) [Next on List](#) [Return to List](#)

[Fictitious Name Search](#)

[Filing History](#)

Fictitious Name Detail

Fictitious Name

AEROMED

Filing Information

Registration Number G13000052453
Status ACTIVE
Filed Date 06/04/2013
Expiration Date 12/31/2023
Current Owners 1
County HILLSBOROUGH
Total Pages 2
Events Filed 1
FEI/EIN Number NONE

Mailing Address

ONE TAMPA GENERAL CIRCLE
 TAMPA, FL 33606

Owner Information

FLORIDA HEALTH SCIENCES CENTER, INC.
 ONE TAMPA GENERAL CIRCLE
 TAMPA, FL 33606
FEI/EIN Number: 59-3458145
Document Number: N97000003941

Document Images

[06/04/2013 -- Fictitious Name Filing](#)

[04/09/2018 -- Fictitious Name Renewal Filing](#)

[Previous on List](#) [Next on List](#) [Return to List](#)

[Fictitious Name Search](#)

[Filing History](#)



STARR COMPANIES

GLOBAL INSURANCE & INVESTMENTS

3353 Peachtree Road, N.E., Suite 1000
Atlanta, GA 30326

CERTIFICATE OF INSURANCE

CERTIFICATE HOLDER: FLORIDA HEALTH SCIENCES CENTER INC.
D/B/A TAMPA GENERAL HOSPITAL AEROMED
P. O. BOX 1289
TAMPA, FL 33601

NAMED INSURED: METRO AVIATION, INC.
PO BOX 7008
SHREVEPORT, LA 71137

POLICY PERIOD: 09/01/2021 to 09/01/2022

INSURANCE COMPANY(IES): STARR INDEMNITY AND LIABILITY COMPANY THROUGH STARR AVIATION AGENCY, INC. (36% LEAD)

This is to certify that the policy(ies) listed herein have been issued providing coverage for the listed insured as further described. This certificate of insurance is not an insurance policy and does not amend, extend, or alter the coverage afforded by the policy(ies) listed herein. Notwithstanding any requirement, term or condition of any contract, or other document with respect to which this certificate of insurance may be concerned or may pertain, the Insurance afforded by the policy(ies) listed on this certificate is subject to all the terms, exclusions, and conditions of such policy(ies).

AIRCRAFT PHYSICAL DAMAGE COVERAGE RISKS, GROUND & IN-FLIGHT

LEAD POLICY NO.: SASICOM60005721-12

REGISTRATION NUMBER	YEAR	MAKE & MODEL	INSURED VALUE	DEDUCTIBLES: NOT IN-MOTION	IN-MOTION INGESTION MOORED
N922TG (SN 54375)		Bell 407	AS HELD ON FILE		
N933TG (SN 54376)		Bell 407	AS HELD ON FILE		
N944TG (SN 54377)		Bell 407	AS HELD ON FILE		
N955TG (SN 54379)		Bell 407	AS HELD ON FILE		
N914TG (SN 7506)		BK 117 C1	AS HELD ON FILE		
N911TG (SN 9855)		EC-145C2e	AS HELD ON FILE		

AND ALL OTHER SCHEDULED AIRCRAFT

AIRCRAFT LIABILITY COVERAGE

LEAD POLICY NO.: SASICOM60005721-12

WITH RESPECT TO: THE ABOVE REFERENCED AIRCRAFT

LIABILITY COVERAGES

LIMITS OF LIABILITY

Bodily Injury Excluding Passengers

Property Damage

Passenger Bodily Injury

Single Limit Including Passengers,
With **Passenger Liability Limited To**

EACH PERSON

\$

\$ XXXX

\$

\$ XXXX

\$

EACH OCCURRENCE

\$

\$

\$

\$50,000,000

\$ XXXX

AVIATION COMMERCIAL GENERAL LIABILITY COVERAGE

LEAD POLICY NO.: SASICOM60035021-12

LIABILITY COVERAGES:

LIMITS OF LIABILITY

General Aggregate Limit

Each Occurrence Limit

Products/Completed Operations Aggregate Limit

Personal & Advertising Injury Aggregate Limit

Premises Medical Payments (any one person)

Fire Legal Liability (any one fire)

Hangarkeepers Liability

Hangarkeepers Deductible

N/A

\$50,000,000

\$50,000,000

\$25,000,000

\$25,000

\$1,000,000

\$50,000,000

\$25,000

each aircraft \$50,000,000 each loss

each aircraft

OTHER COVERAGES/CONDITIONS/REMARKS:

- The Certificate Holder is included as an Additional Insured on liability coverage(s), but only with respect to operations of the Named Insured.
- The Company hereby waives its right of subrogation against the Certificate Holder as respects loss or damage arising under Physical Damage coverage as set forth under this policy.

FOR INFORMATIONAL PURPOSES ONLY.

ANY INSURANCE EVIDENCED HEREIN THAT IS EXTENDED BEYOND COVERAGE PROVIDED TO THE NAMED INSURED SHALL NOT APPLY TO, AND NO PERSON OR ORGANIZATION TO WHOM SUCH EXTENDED COVERAGE APPLIES SHALL BE INSURED FOR BODILY INJURY OR PROPERTY DAMAGE WHICH ARISES FROM THE DESIGN, MANUFACTURE, MODIFICATION, REPAIR, SALE, OR SERVICING OF THE AIRCRAFT, AIRCRAFT PARTS, OR ANY OTHER PRODUCT BY THAT PERSON OR ORGANIZATION.

CERTIFICATE NO.: 191

DATE: 09/01/2021

BY: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/11/2021

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 Marsh USA Inc. 1560 Sawgrass Corporate Pkwy, Suite 300 Sunrise, FL 33323 CN103090951-GAW-21-22	CONTACT NAME: _____ PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : American Zurich Insurance Company</td> <td>40142</td> </tr> <tr> <td>INSURER B : Zurich American Insurance Co</td> <td>16535</td> </tr> <tr> <td>INSURER C : Safety National Casualty Corp.</td> <td>15105</td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : American Zurich Insurance Company	40142	INSURER B : Zurich American Insurance Co	16535	INSURER C : Safety National Casualty Corp.	15105	INSURER D :		INSURER E :		INSURER F :
INSURER(S) AFFORDING COVERAGE	NAIC #													
INSURER A : American Zurich Insurance Company	40142													
INSURER B : Zurich American Insurance Co	16535													
INSURER C : Safety National Casualty Corp.	15105													
INSURER D :														
INSURER E :														
INSURER F :														

COVERAGES **CERTIFICATE NUMBER:** ATL-005269947-02 **REVISION NUMBER:** 0

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
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER			GLA 2881161-15	06/01/2021	06/01/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			GLA 2881161-15	06/01/2021	06/01/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	SP4063847 'SIR \$500,000'	10/01/2020	10/01/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

CERTIFICATE HOLDER **CANCELLATION**

Florida Health Sciences Center, Inc. Attn: Aeromed 1 Tampa General Circle Tampa, FL 33606	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 of Marsh USA Inc. Manashi Mukherjee <i>Manashi Mukherjee</i>
--	--

© 1988-2016 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/11/2021

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 Marsh USA Inc. 1560 Sawgrass Corporate Pkwy, Suite 300 Sunrise, FL 33323 CN103090951--D&O-21-22	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:		FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Florida Heath Sciences Center, INC 1 Tampa General Circle Tampa, FL 33606	INSURER A : Berkley National Insurance Company		38911
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
	INSURER F :		

COVERAGES **CERTIFICATE NUMBER:** ATL-005270040-02 **REVISION NUMBER:** 0

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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY <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	\$
							\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident)	\$
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input checked="" type="checkbox"/> N N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
						E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$
A	Directors and Officers		BHP1800052201	06/01/2021	06/01/2022	Per Occurrence	\$10,000,000

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

CERTIFICATE HOLDER Florida Health Sciences Center, Inc. Attn: Aeromed 1 Tampa General Circle Tampa, FL 33606	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 of Marsh USA Inc. Manashi Mukherjee <i>Manashi Mukherjee</i>
---	---

© 1988-2016 ACORD CORPORATION. All rights reserved.



ADDITIONAL REMARKS SCHEDULE

AGENCY Marsh USA Inc.		NAMED INSURED Florida Health Sciences Center, INC 1 Tampa General Circle Tampa, FL 33606	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

Directors and Officers Liability:
 Aggregate Limit \$10,000,000
 Insuring Clause A: Individual non indemnified Liability: Zero Retention
 Insuring Clause B: Individual Indemnified liability \$150,000 Retention
 Insuring Clause C: Entity Liability \$150,000 Retention
 Insuring Clause D: Additional Executive Non-Indemnified Liability \$1,000,000 Limit Zero Retention
 Additional sublimit apply, Prior & pending Litigation date 10/01/1997

Employment Practices Liability:
 Aggregate Limit \$10,000,000 Retention \$250,000 Prior & Pending litigation date 10/01/1997
 Class Action Claim Retention \$500,000
 Third party claim sublimit \$10,000,000 retention \$250,000
 Independent Medical Provider Retention \$250,000





ADDITIONAL REMARKS SCHEDULE

AGENCY Marsh USA Inc.		NAMED INSURED Florida Health Sciences Center, INC 1 Tampa General Circle Tampa, FL 33606	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

Fiduciary Liability:
 Limit of Liability \$5,000,000
 Retention \$25,000
 Continuity date : 10/01/1997
 Class Action retention \$1,500,000





A E R O M E D

October 7, 2021

To Whom It May Concern:

Aeromed is dedicated to keeping our rates, fares, and charges competitive and aligned with national air medical industry standards. We have benchmarked with other air transport programs and find that our rates are below the national average. Current Aeromed rates and charges have will remain as follows:

Lift off: \$ 21,496.00

Loaded statute mileage rate: \$ 216.00

We provide this notification as we continue to provide quality professional service to our customers.

Sincerely,

John Visokay DNP, MSN, CCRN-K, CFRN, NRP
Program Director, Aeromed Transport Program
Tampa General Hospital
jvisokay@tgh.org
(813)844-7758

We Heal. We Teach. We Innovate.

Care for everyone. Every day.





STATE OF FLORIDA
DEPARTMENT OF HEALTH
BUREAU OF EMERGENCY MEDICAL OVERSIGHT

AIR AMBULANCE SERVICE LICENSE

This is to certify FLORIDA HEALTH SCIENCES CENTER, INC DBA TAMPA GENERAL HOSPITAL, AEROMED Provider Number # 2905
Name of Provider

1 TAMPA GENERAL CIRCLE TAMPA, FLORIDA 33606
Address

has complied with Chapter 401, Florida Statutes, and Chapter 64J-1, Florida Administrative Code, and is authorized to operate as an Air Ambulance Service subject to any and all limitations specified in the applicable Certificate(s) of Public Convenience and Necessity and/or Mutual Aid Agreements for the County(s) listed below:

CHARLOTTE, CITRUS, DESOTO, GLADES, HARDEE, HIGHLANDS, HILLSBOROUGH,
MANATEE, OKEECHOBEE, PASCO, PINELLAS, POLK, SARASOTA,
County(s)

A handwritten signature in black ink, appearing to read "Steve A. McCoy".

Steve A. McCoy
Emergency Medical Services Administrator
Florida Department of Health

THIS CERTIFICATE EXPIRES ON: 01/17/2022

This certificate shall be posted in the above mentioned establishment

Emergency Medical Services License Application Profile Report

PROVIDER DATA

Name: FL HEALTH SCIENCES CTR, INC. DBA TAMPA GENERAL HOSPITAL, AEROMED ID NUMBER: 2905 Phone: 813-844-7400
Manager Name: Michele Moran, Senior Director COUNTY: HILLSBOROUGH Fax: 813-844-5773
Mailing Address: 1 Tampa General Circle Service Type Email: mmoran@tgh.org
TAMPA, FL 33606
Private
Physical Address: 1 Tampa General Circle Hospital Based
TAMPA, FL 33606 Non-Profit

LICENSE DATA

Certification Number: 709 Date Issued: 12/09/2019 Expires: 01/17/2022
Status: Clear
Service Type: AIR Ambul Amount Required: \$1,500.00 Amount paid: \$1,500.00

PRIMARY MEDICAL DIRECTOR DATA

Name: LEFEBRE, JULIANA DO License Number: OS 13135 License Expires: 03/31/2022
Phone: DEA Reg. #: FL807435 DEA Reg. Expires: 03/31/2022
Address: 1 Davis Blvd. Contract End Date: 12/31/2021
TAMPA FL 33606

SECONDARY MEDICAL DIRECTOR DATA

Name: License Number: License Expires:
Phone: DEA Reg. #: DEA Reg. Expires:
Address: Contract End Date:

INSURANCE DATA

<u>Insurance Company</u>	<u>Type of Insurance</u>	<u>Insurance Expiration Date</u>
Safety National Casualty Corp.	Professional Liability	06/01/2021
STARR	Aircraft Liability	09/01/2021

SERVICE AREA DATA

<u>County of Service</u>	<u>Date Certificate of Public Convenience and Necessity Expires</u>
Desoto	01/01/1901
Glades	01/01/1901
Hardee	01/01/1901
Highlands	11/05/2021
Hillsborough	09/01/2022
Manatee	01/01/1901
Okeechobee	09/30/2021
Pasco	06/01/2021
Pinellas	12/31/2021
Sarasota	01/01/1901
Polk	08/21/2023
Charlotte	11/27/2022
Citrus	09/30/2024

VEHICLE DATA

<u>Permit #</u>	<u>Type</u>	<u>Sub-Type</u>	<u>Make</u>	<u>Model</u>	<u>Year</u>	<u>License Status</u>	<u>Issue Date</u>	<u>Vehicle Identifier</u>	<u>Permit Fee</u>
1732	AIR	IP	MMB	BK 117	1993	Clear	09/04/2013	N911TG	25.00
1744	AIR	IP	Bell	407	2012	Clear	12/31/2013	N922TG	25.00
1745	AIR	IP	BELL	407	2012	Clear	12/31/2013	N933TG	25.00
1746	AIR	IP	BELL	407	2012	Clear	12/31/2013	N944TG	25.00
1747	AIR	IP	BELL	407	2012	Clear	12/31/2013	N955TG	25.00
2021	AIR	IP	AIRBUS	MBB-BK117C2	2020	Clear	12/30/2020	N630AH	25.00

Count of vehicles with status of "Issued"

<u>Total</u>	<u>BLS</u>	<u>ALS (Transport)</u>	<u>ALS (Non-Transport)</u>	<u>AIR</u>
6	0	0	0	6

The Board of Directors of



Commission on Accreditation of Medical Transport Systems

hereby awards accreditation to

TAMPA GENERAL HOSPITAL AEROMED

From April 8, 2019 to April 8, 2022

Presented in recognition for substantial compliance with CAMTS Accreditation Standards in quality care and safety for patients requiring medical transport in the following categories:

Modes of Transport

- Fixed Wing
- Rotorwing
- Surface Critical Care
- Ground ALS
- Ground BLS
- Medical Escort

Patient Types

(Care and Transport)

- Adult
- PICU
- IABP
- Perinatal
- Neonatal
- ECMO
- Inhaled Nitric Oxide (INO)

Patient Types

(Transport Only)

- Adult
- PICU
- IABP
- Perinatal
- Neonatal
- ECMO
- Inhaled Nitric Oxide (INO)

Levels of Service

- Emergency Critical Care
- Intensive Critical Care
- Specialty Care
- ALS (Air)
- ALS (Ground)
- BLS (Ground)

**The Medical Transport Service is granted this Certificate of Accreditation
by the authority of**

Commission on Accreditation of Medical Transport Systems

An organization with equal representation from each of the following member organizations:

*Aerospace Medical Association
Air Medical Operators Association
Air Medical Physicians Association
Air & Surface Transport Nurses Association
American Academy of Pediatrics
American Association of Critical Care Nurses
American Association of Respiratory Care
American College of Emergency Physicians
American College of Surgeons
Association of Air Medical Services
Association of Critical Care Transport*

*Emergency Nurses Association
European HEMS and Air Ambulance Committee
International Association of Flight and Critical Care Paramedics
International Association of Medical Transport Communications Specialists
National Air Transportation Association
National Association of EMS Physicians
National Association of Neonatal Nurses
National Association of State EMS Officials
National EMS Pilots Association
United States Transportation Command*

The Commission on Accreditation of Medical Transport Systems is dedicated to improving the quality of patient care and safety of the transport environment for services providing rotorwing, fixed wing and surface transport systems.

Chair

Secretary

Executive Director

PINELLAS COUNTY BOARD OF COUNTY COMMISSIONERS CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

FLORIDA HEALTH SCIENCES CENTER, INC., d/b/a TAMPA GENERAL HOSPITAL – AEROMED, pursuant to Pinellas County Code Section 54, and in accordance with Section 401.25, F. S., is authorized by the Board of County Commissioners to provide Helicopter Ambulance Service in Pinellas County.

Signature: Pat Gerard
Chairman, Board of County Commissioners

Date: 11/17/2020

APPROVED AS TO FORM

By: Jason Ester
Office of the County Attorney



EFFECTIVE: January 1, 2021

EXPIRATION: December 31, 2021

ATTEST: KEN BURKE, CLERK
By: Ken Burke
Deputy Clerk





A E R O M E D

Aircraft	Address	City	State	Zip	Coordinates	Hrs of Operation	Staffing
Aeromed 1	1 Tampa General Circle	Tampa	FL	33606	27 56.36N 082 27.56W	24/7	Flight RN/EMTP, Flight EMTP
Aeromed 2	29536 Flying Fortress Lane, Suite 2	Sebring	FL	33870	27 27.29N 081 20.79W	24/7	Flight RN/EMTP, Flight EMTP
Aeromed 4	Bartow Municipal Airport, 4333 Echo Drive	Bartow	FL	33830	27 56.85N 081 46.95W	24/7	Flight RN/EMTP, Flight EMTP
Aeromed 5	27236 Mooney Avenue,	Punta Gorda	FL	33982	26 55.29N 082 00.02W	24/7	Flight RN/EMTP, Flight EMTP

1/1/2021



AEROMED

RN
ADVANCED CERTIFICATIONS

CREW NAME	Hire Date	RN Degree	Degree Issue Date	Advanced Cert	Expires	Advanced Cert	Expires	Advanced Cert	Expires	Advanced Cert	Expires
Adkins, Keland	4/13/2015	ASN		CFRN	4/1/2024						
BITNER, John	5/1/2010	BSN	05/2006	CCRN	6/30/2024	CEN	12/19/2024	CFRN	4/29/2025		
BLANCHARD, Brian	3/4/2019			CEN	5/25/2024	TCRN	8/12/2023				
BURNETT, Alisha	11/19/2016	BSN	05/2009	CCRN	5/31/2024	CFRN	3/10/2024	TCRN	11/1/2023		
BURNETT, Matt	11/26/2012	BSN	06/2018	CCRN	03/31/22	CFRN	04/02/22				
DUPPENTHALER, Laurie	8/18/2008	BSN	12/2015	CFRN	04/30/24						
FREAS, Robert	12/1/2008	ASN	04/1993	CFRN	01/31/22	CEN	01/31/22				
HAINES, Caitlyn	1/4/2016			CFRN	08/03/24	TCRN	10/27/22				
HAMILTON, Trish	12/8/2014	BSN	05/2019	CFRN	01/31/24	CTRN	03/01/24				
HESS, Sarah	8/1/2006	BSN	05/2005	CEN	07/15/23						
HOLT, James	2/11/2002	BSN	06/2018	CEN	05/01/25	CFRN	09/30/23				
HUGHES, Chadd	10/21/2002	BSN	06/2018	CEN	10/05/23						
KEFFELER, Jotham	7/8/2002	BSN	12/1999	CFRN	08/24/23						
KELLEMS, Robyn	9/22/1984	BSN	04/1990	CFRN	01/31/24	CEN	12/30/21				
KOCH, Kathleen	9/21/1994	BSN	06/1987	CMTE	12/31/21	CFRN	08/24/23				
KRESGE, Dan	5/10/1992	AD-N	05/1993	CFRN	07/27/24						
MILLER, Aurelia	8/15/2016	ASN	07/2005	CEN	07/22/24						
MILLER, Scott	6/6/1994	BSN	06/2014	CPEN	12/27/22	CEN	06/21/23				
PEARSON, Richard	3/5/2007	BSN	03/2020	CEN	12/17/24			CPEN	07/07/24		
RADER, Mariya	2/27/2017	BSN	12/20/2012	CEN	10/18/24	TCRN	02/13/23				
RICHARDSON, Donald	6/4/2001	BSN	06/2017	CEN	11/26/24						
SANDERSON, Tracy	3/14/2001	BSN	06/2018	CEN	10/31/23						
STEVENSON, Wendi	10/3/2014	BSN	05/2006	CFRN	01/22/25	CTRN	01/27/25	CCRN			
TAVAKOLI, Renee	7/25/2011	ASN	05/2009	CCRN	03/31/23						

UPDATED:

6/27/2021



AEROMED 1 FLIGHT CREW CERTIFICATION TRACKER

CREW NAME:	BASE:	HIRE DATE:	RN LICENSE #:	EXPIRES:	MEDIC CERT. #:	EXPIRES:	EMT CERT. #:	EXPIRES:	ACLS	PALS	BLS	NRP	ATLS	DOT	DUNKER
BURNETT, Alisha	AM-1	11/19/2012	RN 9351712	07/2022	PMD 528672	12/2022			06/2022	06/2022	09/2022	07/2022		02/2016	8/2017
CLOUGH, Brian	AM-1	12/9/2019			PMD 527676	12/2022			03/2023	03/2023	03/2023	10/2022			
HAINES, Caitlyn	AM-1	1/4/2016	RN9427043	04/2023	PMD532340	12/2022			12/2022	12/2022	12/2022	02/2023		03/2021	
KEFFELER, Jotham	AM-1	07/08/2002	RN 9188997	04/2022	PMD 511240	12/2022			07/2023	01/2023	03/2022	12/2021	03/2010	05/2009	08/2012
KOCH, Kathy	AM-1	09/21/1994	RN 2704112	04/2023	PMD 16104	12/2022			02/2023	02/2023	10/2022	12/2021	12/1995	03/1996	09/2007
NELSON, Chuck	AM-1	04/19/1999			PMD 13652	12/2022			05/2023	05/2023	05/2023	05/2022	06/1999	12/1994	12/1999
RICHARDSON, Donald	AM-1	06/04/2001	RN 2793692	04/2023	PMD 17762	12/2022			05/2023	05/2023	05/2023	05/2022	01/2002	12/1994	06/2012
MASLOFF, Justin	Pool	05/14/2018			PMD 523574	12/2022			06/2023	06/2023	06/2023	03/2023		03/2014	
McNALLY, Kyle	Float	03/16/2015			PMD 522253	12/2022			06/2023	06/2023	06/2023	07/2022			
TAVAKOLI, Renee	Float	07/25/2011	RN 9293069	04/2023	PMD 531529	12/2022			07/2023	02/2022	07/2023	04/2023		02/2017	8/2017
MILLER, Scott	Float	06/06/1994	RN 2903102	07/2022	PMD 201060	12/2022	EMT 301413	12/2022	07/2022	01/2022	05/2023	08/2023	08/1997	04/2000	09/2007
MILLER, Kyle	Pool	01/19/2015			PMD 515588	12/2022			08/2023	08/2023	08/2023	08/2022	09/2015	02/2014	01/2016
MILLER, Aurelia	Float	8/15/2016	RN9235532	04/2023	PMD517437	12/2022			01/2022	08/2023	08/2023	08/2022		02/2004	04/2011
RADER, Mash	Float	2/27/2017	RN9449997	07/2022	PMD534683	12/2022			01/2022	12/2021	01/2022	10/2021	02/2020		
BRYSON, Tommy	Pool	9/25/2017			PMD 514447	12/2022			10/2022	10/2022	10/2022	10/2022	9/2014	02/2014	1/2016

UPDATED: 9/11/2023*

	EXPIRED
YELLOW:	DUE THIS MONTH
GREEN:	CERTIFICATION EXPIRING IN NEXT 4 MONTHS
BOLD:	INSTRUCTOR CREDENTIALS

* 19), State Surgeon General Dr. Scott A. Rivkees issued Emergency Order DOH No. 20-014 extending the licensure renewal expiration date

RED = EXPIRED.
 YELLOW = NOT CURRENTLY IN FLIGHT JACKET.
 GREEN = CERTIFICATION EXPIRING IN NEXT 4 MONTHS.
 BOLD = INSTRUCTOR CREDENTIALS.



AEROMED 2 FLIGHT CREW CERTIFICATION TRACKER

CREW NAME:	BASE:	HIRE DATE:	RN LICENSE #:	EXPIRES:	MEDIC CERT. #:	EXPIRES:	EMT CERT. #:	EXPIRES:	ACLS	PALS	BLS	NRP	ATLS	DOT	DUNKER
ADAMS, Mark	AM-2	04/19/2004			PMD 507417	12/2022			04/2023	04/2023	02/2023	03/2022	07/2007	01/2007	09/2007
BITNER, John	AM-2	05/01/2010	RN 9306385	04/2023	PMD 523569	12/2022			04/2023	04/2023	04/2023	10/2023	04/2015	08/2012	01/2016
BLANCHARD, Brian	AM-2	03/04/2019	RN 9414343	04/2023	PMD 538013	12/2022	EMT 570839	12/2022	12/2022	08/2023	12/2022	10/2022	09/2023	03/2021	
BURNETT, Matt	AM-2	11/26/2012	RN 9350430	07/2022	PMD 524831	12/2022			12/2021	12/2021	10/2023	09/2023	04/2014	05/2013	01/2016
CONNELL, Noah	AM-2	05/04/2009			PMD 504208	12/2022			09/2022	08/2023	12/2022	12/2022	07/2009	01/2009	11/2012
DUPPENTHALER, Laurie	AM-2	08/18/2008	RN 9170133	07/2022	PMD 509768	12/2022			08/2022	01/2023	08/2023	03/2022	10/2008	08/2005	08/2012
HESS, Sarah	AM-2	08/01/2006	RN 9233298	04/2023	PMD 518659	12/2022	EMT 529408	12/2022	04/2023	05/2023	05/2023	05/2022	06/2011	05/2010	08/2012
HUSTON, James	AM-2	1/20/2020			PMD 535304	12/2022			07/2023	07/2023	07/2023	04/2024	03/2020		
PEARSON, Richard	AM-2	3/5/2007	RN 9213405	04/2023	PMD 531844	12/2022			12/2022	04/2023	12/2022	08/2022			
PENNINGTON, Joe	AM-2	11/03/2008		04/2023	PMD 12130	12/2022			07/2023	07/2023	07/2023	02/2022	04/2006	05/2004	08/2012

UPDATED: 9/11/2021

in response to the Novel Coronavirus 2019 (COVID-19), State Surgeon General Dr. Scott A. Rivkees issued Emergency Order DOH No. 20-014 extending the licensure renewal expiration date until June 1, 2021 for Emergency Medical Technicians.

RED:	EXPIRED
YELLOW:	DUE THIS MONTH
GREEN:	CERTIFICATION EXPIRING IN NEXT 4 MONTHS
BOLD:	INSTRUCTOR CREDENTIALS

RED = EXPIRED.
YELLOW = NOT CURRENTLY IN FLIGHT JACKET.
GREEN = CERTIFICATION EXPIRING IN NEXT 4 MONTHS.
BOLD = INSTRUCTOR CREDENTIALS.



AEROMED 4 FLIGHT CREW CERTIFICATION TRACKER

CREW NAME:	BASE:	HIRE DATE:	RN/RT LICENSE #:	EXPIRES:	MEDIC CERT. #:	EXPIRES:	EMT CERT. #:	EXPIRES:	ACLS	PALS	BLS	NRP	ATLS	DOT	DUNKER
CURREN, Kelly	AM-4	08/18/2008	RT 11582		PMD 200304	12/2022			12/2021	07/2023	11/2021	12/2021	10/2008	07/2004	04/2009
FREAS, Robert	AM-4	12/01/2008	RN 9271962	04/2023	PMD 514738	12/2022			09/2023	01/2023	10/2023	06/2022	03/2009	04/2008	09/2006
HUGHES, Chadd	AM-4	10/21/2002	RN 9188741	04/2022	PMD 514896	12/2022			04/2023	05/2023	05/2023	10/2022	03/2009	05/2008	04/2009
KELLEMS, Robyn	AM-4	09/22/1984	RN 1489892	07/2022	PMD 205221	12/2022			01/2022	06/2022	05/2023	12/2021	01/2002	08/2001	11/2012
LANCASTER, Ted	AM-4	08/20/2001			PMD 12195	12/2022			10/2022	09/2023	09/2023	08/2022	09/2002	05/1997	08/2012
MONK, Robert	AM-4	08/18/2008			PMD 11424	12/2022			05/2023	05/2023	05/2023	01/2023	09/2008	06/2001	12/2002
SANDERSON, Tracy	AM-4	03/14/2001	RN 9175288	07/2022	PMD 205819	12/2022			01/2023	01/2023	02/2023	02/2022	09/2001	12/1994	09/2007
TURGEON, Cedric	AM-4	08/18/2008			PMD 201623	12/2022			04/2023	04/2023	04/2023	05/2022	10/2008	05/2003	04/2009

UPDATED: 9/11/2021

in response to the Novel Coronavirus 2019 (COVID- 19), State Surgeon General Dr. Scott A. Rivkees issued Emergency Order DOH No. 20-014 extending the licensure renewal expiration date until June 1, 2021 for Emergency Medical Technicians

EXPIRED	EXPIRED
DUE THIS MONTH	DUE THIS MONTH
CERTIFICATION EXPIRING IN NEXT 4 MONTHS	CERTIFICATION EXPIRING IN NEXT 4 MONTHS
INSTRUCTOR CREDENTIALS	INSTRUCTOR CREDENTIALS

RED = EXPIRED.
YELLOW = NOT CURRENTLY IN FLIGHT JACKET.
GREEN = CERTIFICATION EXPIRING IN NEXT 4 MONTHS.
BOLD = INSTRUCTOR CREDENTIALS.



AEROMED 5 FLIGHT CREW CERTIFICATION TRACKER

CREW NAME:	BASE:	HIRE DATE:	RN LICENSE #:	EXPIRES:	MEDIC CERT. #:	EXPIRES:	EMT CERT. #:	EXPIRES:	ACLS	PALS	BLS	NRP	ATLS	DOT	DUNKER
	AM-5														
DENICOURT, Adam	AM-5	2/17/2020			PMD 522566	12/2022				04/2022	05/2023	07/2022		01/2019	
ELLISON, Matt	AM-5	12/14/2020			PMD 532520	12/2022			05/2022	08/2022	06/2023	04/2023		03/2021	
HAMILTON, Trish	AM-5	12/8/2014	RN9363182	04/2023	PMD 528209	12/2022	EMT 548633	12/2022	04/2023	04/2023	05/2023	09/2022	03/2013	11/2014	01/2016
HOLT, James	AM-5	02/11/2002	RN 3234652	04/2023	PMD 17802	12/2022			01/2023		01/2023		11/2004	09/2002	08/2012
DILWORTH, Jeff	AM-5	02/25/2008			PMD 514365	12/2022			06/2023	06/2023	06/2023	05/2022	06/2009	05/2009	04/2009
STEVENSON, Wendi	AM-5	11/03/2014	RN 9363653	04/2023	PMD 527618	12/2022			06/2023	06/2023	06/2023	09/2022	03/2013	11/2014	01/2016
ADKINS, Keland	AM-5	04/13/2015			PMD 522290	12/2022			04/2023	04/2023	04/2023	11/2022		02/2015	01/2016
KRESGE, Dan	AM-5	05/10/1992	RN 2835822	04/2023	PMD 19693	12/2022			05/2023		10/2022		01/2001	06/2000	09/2007
KENSINGER, Ryan	AM-5	7/10/2017			PMD 523038	12/2022				06/2022	04/2023	07/2022	07/2016	02/2017	08/2017

UPDATED: 9/11/2021

in response to the Novel Coronavirus 2019 (COVID- 19), State Surgeon General Dr. Scott A. Rivkees issued Emergency Order DOH No. 20-014 extending the licensure renewal expiration date until June 1, 2021 for Emergency Medical Technicians.

	EXPIRED
YELLOW:	DUE THIS MONTH
	CERTIFICATION EXPIRING IN NEXT 4 MONTHS
BOLD:	INSTRUCTOR CREDENTIALS

RED = EXPIRED.
YELLOW = NOT CURRENTLY IN FLIGHT JACKET.
GREEN = CERTIFICATION EXPIRING IN NEXT 4 MONTHS.
BOLD = INSTRUCTOR CREDENTIALS.



**Federal Aviation
Administration**

**U.S Department of Transportation
Federal Aviation Administration
Airman Details Report**

Personal Information:

MARK GERARD BOUDREAU

14327 MAGNOLIA RIDGE LOOP
WINTER GARDEN FL 34787-5362

County: ORANGE

Country: USA

Medical Information:

Medical Class: Second **Medical Date:** 12/2020

NOT VALID FOR ANY CLASS AFTER 12/31/2021.

BasicMed Course Date: None **BasicMed CMEC Date:** None

Certificate Information:

Certificate: COMMERCIAL PILOT

Date of Issue: 4/20/2018

Ratings:

COMMERCIAL PILOT

AIRPLANE SINGLE ENGINE LAND

AIRPLANE MULTIENGINE LAND

ROTORCRAFT-HELICOPTER

INSTRUMENT AIRPLANE AND HELICOPTER

Limits:

ENGLISH PROFICIENT.



**Federal Aviation
Administration**

**U.S Department of Transportation
Federal Aviation Administration
Airman Details Report**

Personal Information:

WILLIAM THOMAS HEBER

7166 SAMUEL IVY DR
TAMPA FL 33619-6985
County: HILLSBOROUGH
Country: USA

Medical Information:

Medical Class: First **Medical Date:** 1/2021
MUST WEAR CORRECTIVE LENSES.
BasicMed Course Date: None **BasicMed CMEC Date:** None

Certificate Information:

Certificate: COMMERCIAL PILOT
Date of Issue: 12/23/2013

Ratings:

COMMERCIAL PILOT
ROTORCRAFT-HELICOPTER
INSTRUMENT HELICOPTER

Limits:

ENGLISH PROFICIENT.



**Federal Aviation
Administration**

**U.S Department of Transportation
Federal Aviation Administration
Airman Details Report**

Personal Information:

WILLIAM THOMAS HEBER

7166 SAMUEL IVY DR
TAMPA FL 33619-6985
County: HILLSBOROUGH
Country: USA

Medical Information:

Medical Class: First **Medical Date:** 1/2021
MUST WEAR CORRECTIVE LENSES.
BasicMed Course Date: None **BasicMed CMEC Date:** None

Certificate Information:

Certificate: COMMERCIAL PILOT
Date of Issue: 12/23/2013

Ratings:

COMMERCIAL PILOT
ROTORCRAFT-HELICOPTER
INSTRUMENT HELICOPTER

Limits:

ENGLISH PROFICIENT.

**Federal Aviation
Administration**

**U.S Department of Transportation
Federal Aviation Administration
Airman Details Report****Personal Information:****KARL DAVID JOLLY**705 FIELDER BLVD
SEBRING FL 33870-2926**County:** HIGHLANDS**Country:** USA**Medical Information:****Medical Class:** Second **Medical Date:** 12/2020

MUST WEAR CORRECTIVE LENSES.

BasicMed Course Date: None **BasicMed CMEC Date:** None**Certificate Information:****Certificate:** AIRLINE TRANSPORT PILOT**Date of Issue:** 6/25/2011**Ratings:****AIRLINE TRANSPORT PILOT**

ROTORCRAFT-HELICOPTER

COMMERCIAL PRIVILEGES

AIRPLANE SINGLE ENGINE LAND

INSTRUMENT AIRPLANE

Type Ratings:

A/BH-206 A/BV-107

Limits:

ENGLISH PROFICIENT.



**Federal Aviation
Administration**

**U.S Department of Transportation
Federal Aviation Administration
Airman Details Report**

Personal Information:

DAVID MICHAEL DENNISON

2911 TIMBER KNOLL DR
VALRICO FL 33596-5666
County: HILLSBOROUGH
Country: USA

Medical Information:

Medical Class: Second Medical Date: 1/2021
BasicMed Course Date: None BasicMed CMEC Date: None

Certificate Information:

Certificate: COMMERCIAL PILOT
Date of Issue: 11/10/2020

Ratings:

COMMERCIAL PILOT
AIRPLANE SINGLE ENGINE LAND
ROTORCRAFT-HELICOPTER
INSTRUMENT AIRPLANE AND HELICOPTER

Limits:

ENGLISH PROFICIENT.



**Federal Aviation
Administration**

**U.S Department of Transportation
Federal Aviation Administration
Airman Details Report**

Personal Information:

PATRICK LEE KERANEN

2118 EDGEWATER CIR
WINTER HAVEN FL 33880-4646

County: POLK

Country: USA

Medical Information:

Medical Class: First **Medical Date:** 12/2020

BasicMed Course Date: None **BasicMed CMEC Date:** None

Certificate Information:

Certificate: AIRLINE TRANSPORT PILOT

Date of Issue: 8/20/2019

Ratings:

AIRLINE TRANSPORT PILOT
ROTORCRAFT-HELICOPTER

Limits:

ENGLISH PROFICIENT.



**Federal Aviation
Administration**

**U.S Department of Transportation
Federal Aviation Administration
Airman Details Report**

Personal Information:

STEPHEN GEORGES A LINARES

1782 SCARLETT AVE
NORTH PORT FL 34289-9478
County: SARASOTA
Country: USA

Medical Information:

Medical Class: Second **Medical Date:** 2/2021
BasicMed Course Date: None **BasicMed CMEC Date:** None

Certificate Information:

Certificate: AIRLINE TRANSPORT PILOT
Date of Issue: 10/17/2019

Ratings:

AIRLINE TRANSPORT PILOT
ROTORCRAFT-HELICOPTER

Limits:

ENGLISH PROFICIENT.



**Federal Aviation
Administration**

**U.S Department of Transportation
Federal Aviation Administration
Airman Details Report**

Personal Information:

ALEXANDER CHRISTOPHER MYERS

3828 VIGNOBLE LN
BRANDON FL 33511-7798
County: HILLSBOROUGH
Country: USA

Medical Information:

Medical Class: Second **Medical Date:** 8/2021
BasicMed Course Date: None **BasicMed CMEC Date:** None

Certificate Information:

Certificate: COMMERCIAL PILOT
Date of Issue: 10/24/2008

Ratings:

COMMERCIAL PILOT
ROTORCRAFT-HELICOPTER
INSTRUMENT HELICOPTER

Limits:

ENGLISH PROFICIENT.



**Federal Aviation
Administration**

**U.S Department of Transportation
Federal Aviation Administration
Airman Details Report**

Personal Information:

JOHN HENRY MYERS III

3947 GRANDEFIELD CIR
MULBERRY FL 33860-6560

County: POLK

Country: USA

Medical Information:

Medical Class: Second **Medical Date:** 5/2021

BasicMed Course Date: None **BasicMed CMEC Date:** None

Certificate Information:

Certificate: COMMERCIAL PILOT

Date of Issue: 3/4/2017

Ratings:

COMMERCIAL PILOT

ROTORCRAFT-HELICOPTER

INSTRUMENT HELICOPTER

Limits:

ENGLISH PROFICIENT.



**Federal Aviation
Administration**

**U.S Department of Transportation
Federal Aviation Administration
Airman Details Report**

Personal Information:

STUART KELLY OSHANNON

Airman opted-out of releasing address

Medical Information:

Medical Class: Second **Medical Date:** 2/2021

MUST WEAR CORRECTIVE LENSES.

BasicMed Course Date: None **BasicMed CMEC Date:** None

Certificate Information:

Certificate: COMMERCIAL PILOT

Date of Issue: 12/14/2015

Ratings:

COMMERCIAL PILOT

ROTORCRAFT-HELICOPTER

INSTRUMENT HELICOPTER

PRIVATE PRIVILEGES

AIRPLANE SINGLE ENGINE LAND

Limits:

ENGLISH PROFICIENT.



**Federal Aviation
Administration**

**U.S Department of Transportation
Federal Aviation Administration
Airman Details Report**

Personal Information:

JAMES ODELL ROBERTSON JR

3152 NW GIRL SCOUT RD

ARCADIA FL 34266-8264

County: DESOTO

Country: USA

Medical Information:

Medical Class: Second **Medical Date:** 3/2021

MUST HAVE AVAILABLE GLASSES FOR NEAR VISION.

BasicMed Course Date: None **BasicMed CMEC Date:** None

Certificate Information:

Certificate: COMMERCIAL PILOT

Date of Issue: 6/22/2011

Ratings:

COMMERCIAL PILOT

AIRPLANE SINGLE ENGINE LAND

ROTORCRAFT-HELICOPTER

INSTRUMENT AIRPLANE AND HELICOPTER

Limits:

ENGLISH PROFICIENT.



**Federal Aviation
Administration**

**U.S Department of Transportation
Federal Aviation Administration
Airman Details Report**

Personal Information:

SCOTT RICHARD THOMPSON

2972 HARROW RD
SPRING HILL FL 34608-4429
County: HERNANDO
Country: USA

Medical Information:

Medical Class: Second **Medical Date:** 9/2021
BasicMed Course Date: None **BasicMed CMEC Date:** None

Certificate Information:

Certificate: AIRLINE TRANSPORT PILOT
Date of Issue: 2/4/2014

Ratings:

AIRLINE TRANSPORT PILOT
ROTORCRAFT-HELICOPTER

Limits:

ENGLISH PROFICIENT.



**Federal Aviation
Administration**

**U.S Department of Transportation
Federal Aviation Administration
Airman Details Report**

Personal Information:

STEVEN JOHN VALUCKAS

Airman opted-out of releasing address

Medical Information:

Medical Class: First **Medical Date:** 11/2020

BasicMed Course Date: None **BasicMed CMEC Date:** None

Certificate Information:

Certificate: AIRLINE TRANSPORT PILOT

Date of Issue: 2/19/2016

Ratings:

AIRLINE TRANSPORT PILOT

ROTORCRAFT-HELICOPTER

PRIVATE PRIVILEGES

AIRPLANE SINGLE ENGINE LAND

AIRPLANE MULTIENGINE LAND

INSTRUMENT AIRPLANE

Limits:

ENGLISH PROFICIENT.

AIRPLANE MULTIENGINE VFR ONLY.



**Federal Aviation
Administration**

**U.S Department of Transportation
Federal Aviation Administration
Airman Details Report**

Personal Information:

TED OWEN EDGAR

1009 GREENWAY TER
SEBRING FL 33876-7643

County: HIGHLANDS

Country: USA

Medical Information:

Medical Class: Second **Medical Date:** 12/2020

MUST WEAR CORRECTIVE LENSES.

BasicMed Course Date: None **BasicMed CMEC Date:** None

Certificate Information:

Certificate: COMMERCIAL PILOT

Date of Issue: 7/16/2019

Ratings:

COMMERCIAL PILOT

ROTORCRAFT-HELICOPTER

INSTRUMENT HELICOPTER

Type Ratings:

C/BV-107

Limits:

ENGLISH PROFICIENT.



**Federal Aviation
Administration**

**U.S Department of Transportation
Federal Aviation Administration
Airman Details Report**

Personal Information:

JOHN DAVID LAWSON

161 WOODCREEK DR N
SAFETY HARBOR FL 34695-5508

County: PINELLAS

Country: USA

Medical Information:

Medical Class: Second **Medical Date:** 8/2021

BasicMed Course Date: None **BasicMed CMEC Date:** None

Certificate Information:

Certificate: AIRLINE TRANSPORT PILOT

Date of Issue: 3/18/2017

Ratings:

AIRLINE TRANSPORT PILOT
ROTORCRAFT-HELICOPTER

Type Ratings:

A/AB-139 A/AW-139 A/SK-61

Limits:

ENGLISH PROFICIENT.

AB-139 AW-139 SECOND IN COMMAND REQUIRED.

SK-61 SIC PRIVILEGES ONLY.



**Federal Aviation
Administration**

**U.S Department of Transportation
Federal Aviation Administration
Airman Details Report**

Personal Information:

BRANDON CARL SAWYER

623 FRANCIS BLVD
LAKELAND FL 33801-5413

County: POLK

Country: USA

Medical Information:

Medical Class: Second **Medical Date:** 1/2021

MUST WEAR CORRECTIVE LENSES.

BasicMed Course Date: None **BasicMed CMEC Date:** None

Certificate Information:

Certificate: COMMERCIAL PILOT

Date of Issue: 11/29/2020

Ratings:

COMMERCIAL PILOT

ROTORCRAFT-HELICOPTER

INSTRUMENT HELICOPTER

PRIVATE PRIVILEGES

AIRPLANE SINGLE ENGINE LAND

Limits:

ENGLISH PROFICIENT.



**Federal Aviation
Administration**

**U.S Department of Transportation
Federal Aviation Administration
Airman Details Report**

Personal Information:

RICHARD LARRY VANDER WERF

2150 MEADOWBROOK DR

LUTZ FL 33558-8457

County: PASCO

Country: USA

Medical Information:

Medical Class: Second **Medical Date:** 6/2021

MUST WEAR CORRECTIVE LENSES.

NOT VALID FOR ANY CLASS AFTER 06/30/2022.

BasicMed Course Date: None **BasicMed CMEC Date:** None

Certificate Information:

Certificate: AIRLINE TRANSPORT PILOT

Date of Issue: 3/27/2008

Ratings:

AIRLINE TRANSPORT PILOT

AIRPLANE MULTIENGINE LAND

COMMERCIAL PRIVILEGES

AIRPLANE SINGLE ENGINE LAND

ROTORCRAFT-HELICOPTER

INSTRUMENT HELICOPTER

Limits:

ENGLISH PROFICIENT.