

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

APPLICATION TYPE: NEW RENEWAL						
SERVICE TYPE: Wheelchair Transport Stretcher Transport ALS In	nterfacility					
TYPE OF ENTITY: ☐ Sole Proprietor ☐ Partnership	Non-Profit Corporation					
ORGANIZATION NAME:	HOURS OF OPERATION: ☑24-HOUR					
Florida Health Scinces, Inc. bda Tampa General Hospita	alA.M. to □A.M. / □P.M.					
ADDRESS 1:	PHONE:					
1 Tampa General Circle	813-844-7400					
ADDRESS 2:	FAX:					
	813-844-5773					
CITY, STATE, ZIP CODE:						
Tampa, FL 33606						
OFFICER/DIRECTOR NAME & TITLE: PHONE NUMB	ER & E-MAIL:					
Aurelia "Auri "Miller, Program Director 812-606-0	0815, aureliamiller@tgh.org					
VICE OFFICER/DIRECTOR NAME & TITLE: PHONE NUMB	ER & E-MAIL:					
Michele Moran, SVP Emergency Services 813-844-	813-844-3282, mmoran@tgh.org					
BUSINESS HOURS POINT-OF-CONTACT: PHONE NUMBER & E-MAIL:						
Auri Miller 812-606-	0815, aureliamiller@tgh.org					
AFTER HOURS POINT-OF-CONTACT: PHONE NUMBER & E-MAIL:						
Auri Miller 812-606-0815, aureliamiller@tgh.org						
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 here revoked if at any time the firm fails to meet all of the requirements of						
SIGNATURE OF APPLICANT: DATE: 10-2-2025						
STATE OF FLORIDA						
COUNTY OF PINEILAS						
Subscribed and sworn to (or affirmed) before me this 10-2-2025 by Jure 10 Miler, who						
is/are personally known to me or has/have produced \(1000000000000000000000000000000000000	as identification.					
Notary Public State of Florida Amy S Pounders My Commission HH 391669 Expires 4/27/2027	Notary Public State of Florida Amy S Pounders My Commission HH 391669 Expires 4/27/2027 Name of Notary typed, printed or Form stamped)					
Form A. Rev. 02/06/2017						



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

Pinellas County Rules and Regulations, as Amended

ΑM

Name of S	Service: Florida Health Sciences Center, Inc. dba Tamr	
Date:	02/2025	
Section	Inspection Items	Initials
8.1	Record all telephone lines when used for requests for transport, including cell phones.*	AM
	*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.	AM
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) 	AM AM AM AM AM AM AM
8.1	Audio dispatch records shall be kept for a minimum of six (6) months.	AM
8.1	Written or electronic dispatch shall be kept for a minimum of three (3) years.	AM
0.4	Dispatch audio & written/electronic records shall be available for	

Form B Rev. 02/06/2017

inspection.

8.1



Re: Pinellas County COPCN application: Type and number of vehicles organization uses for operation and back up.

The Aeromed- Air program operates 4 aircraft bases as per the attached base spreadsheet with one dedicated backup aircraft for the program. Aeromed utilizes a Bell 407 GX aircraft as a dedicated backup to ensure continuity of operations for patients and referring customers.

Reference the below Aeromed aircraft spreadsheet for specific aircraft data.

Make	Base	Model	Year of Manufacture	Permit #	FAA Registration/Tail #/ Chassis Number	Serial #	Color Scheme
Airbus Helicopters	Aeromed 1/Tampa	BK117 C2e	2020	2021	N911TG	9855	blue/yellow
Bell Helicopter	Aeromed 2/Sebring	407 GX	2012	1744	N922TG	54375	blue/yellow
Eurocopter	Aeromed 4/Bartow	EC135 P2	2008	2129	N911PX	0667	blue/yellow
Eurocopter	Aeromed 5/Punta Gorda	EC135 P2+	2017	2130	N911LF	0942	blue/yellow
Bell Helicopter	Program Spare	407 GX	2012	1747	N955TG	54379	blue/yellow



Re: Pinellas County COPCN application: Certification of fictious name, two-year pro-forma budget, personnel roster, Medical Director, state license, FCC license, and insurance.

Certification of fictious name:



Status ACTIVE Filed Date 06/04/2013 Expiration Date 12/31/2028 Current Owners

County HILLSBOROUGH

Total Pages 3 Events Filed 2 FEI/EIN Number 59-3458145

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

View image in PDF format

05/01/2023 -- Fictitious Name Renewal Filing

View image in PDF format

04/09/2018 -- Fictitious Name Renewal Filing

View image in PDF format

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Return to List

Fictitious Name Search Submit

Filing History



Two-year pro-forma budget:

Florida Health Sciences Center, Inc and Subsidiaries Consolidated Income Statement

In Thousands

Operating Revenues

Net Patient Service Revenue Other Operating Revenue Total Operating Revenue

Operating Expenses

Salaries and Wages **Employee Benefits Proessional Fees Medical Supplies** Pharmaceuticals Other Supplies **Purchased Services** Utilities and Rent/Lease Assessments Medical Professional Costs Insurance Other Expense Depreciation and Amortization Interest Expense **Total Operating Expenses Operating Income** Investment Returns

Donations, Income Tax, and Other

Net Income

Two Year ProForma				
2023	2024			
2,198,201	2,264,147			
286,282	273,670			
2,484,483	2,537,817			
831,926	828,559			
197,563	215,425			
69,595	70,291			
315.764	325,237			
232,942	239,930			
	,			
38,175	39,320			
335,374	342,081			
61,594	62,210			
26,245	27,170			
100,215	101,217			
43,358	43,792			
26,661	26,928			
85,741	93,612			
35,155	34,804			
2,400,308	2,450,576			
84,175	87,242			
5.,2.0	J.,			
38,430	38,430			
670	2,050			
123,275	127,722			

Operating Revenues (in millions) Per Audit for respective years and MD&A for bonds	2022	2023	2024
Total Operating Revenues	\$2,150.5	\$2,618.8	\$3,424.5
Operating Margin % of Total Operating Revenues	.2%	3.6%	3.4%
Per Form 990 — Most recent years available	2022	2023	
	2022 S51.2	2023 \$51.0	
Financial assistance at cost (Charity Care)			
Financial assistance at cost (Charity Care) Unreimbursed Medicaid Patient Care Costs	\$51.2	\$51.0	
Financial assistance at cost (Charity Care) Unreimbursed Medicaid Patient Care Costs Unreimbursed Means-Tested Government Program Care Costs Community benefit programs and services	\$51.2 \$140.2	\$51.0 \$184.1	
Financial assistance at cost (Charity Care) Unreimbursed Medicaid Patient Care Costs Unreimbursed Means-Tested Government Program Care Costs	\$51.2 \$140.2 \$22.3	\$51.0 \$184.1 \$23.9	
Financial assistance at cost (Charity Care) Unreimbursed Medicaid Patient Care Costs Unreimbursed Means-Tested Government Program Care Costs Community benefit programs and services	\$51.2 \$140.2 \$22.3 \$26.6	\$51.0 \$184.1 \$23.9 \$42.8	



Personnel roster: Medical

Last Name	First	Hire Date	RN License	Paramedic
	Name			Cert
Adkins	Keland	04/13/2015	RN9526801	PMD522290
Angell	Todd	01/21/2024		PMD532800
Bitner	John	05/01/2010	RN306385	PMD523569
Blanchard	Brian	03/04/2019	RN9414343	PMD538013
Buell	Caitlyn	01/04/2016	RN9427043	PMD532340
Burnett	Alisha	11/19/2012	RN9351712	PMD528672
Burnett	Matthew	11/19/2012	RN9350430	PMD524831
Charczenko	Rebecca	01/24/2022		PMD536834
Cheek	Justin	06/02/2024		PMD530234
Connell	Noah	05/04/2009		PMD504208
Curren	Kelly	08/18/2008		PMD200304
Delinski	Daniel	06/02/2025	RN9681272	PMD547933
Denicourt	Adam	02/17/2020		PMD522566
Diaz	Megan	05/01/2023	RN9334011	PMD538737
Freas	Robert	12/01/2008	RN9271962	PMD514738
Gardner	Nathan	01/20/2025		PMD534994
Giannetti	Lorenzo	05/29/2022	RN9303584	PMD523672
Gonzalez	Micheal	08/19/2024		PMD529272
Hamilton	Tricia	12/08/2014	RN9363182	PMD528209
Hess	Sarah	08/01/2006	RN9233298	PMD518659
Holt	James	02/11/2002	RN3234652	PMD 17802
Hughes	Chadd	10/21/2002	RN9188741	PMD514896
Huston	James	01/20/2020		PMD535304
Keffeler	Jotham	07/08/2002	RN9188997	PMD511240
Kresge	Daniel	05/10/1992	RN2835822	PMD 19693



Lindner	Matthew	12/10/2023		PMD533537
Maslonka	Justin	05/14/2018		PMD523574
McNally	Kyle	03/16/2015		PMD522253
Miller	Aurelia	08/15/2016	RN9235532	PMD517437
Miller	Kyle	01/19/2015		PMD515588
Miller	Scott	06/06/1994	RN2903102	PMD01060
Nelson	Charles	04/19/1999		PMD13652
Pearson	Richard	03/05/2007	RN9213405	PMD531844
Peterson	Jessica	11/15/2023	RN9433404	PMD524722
Rader	Mariya	02/27/2017	RN9449997	PMD534683
Recinella	Kim	06/05/2023	RN9411257	PMD539840
Richardson	Donald	06/04/2001	RN2793692	PMD17762
Sanderson	Tracy	03/14/2001	RN9175288	PMD205819
Stevenson	Wendi	11/03/2014	RN9363653	PMD527618
Sukovich	Cory	08/07/2023		PMD527185
Tavakoli	Renee	07/25/2011	RN9293069	PMD531529
Turgeon	Cedric	08/18/2008		PMD201623
Vazquez	Luis	05/06/2024		PMD533270
Velar	Thomas	10/25/2021		PMD512198
Wood	Amanda	04/14/2025	RN9481048	PMD544555
Wright	Luke	01/21/2024		PMD526864



Personnel roster: Aviation

Pilot	Certificate / Type	Medical
Bastien, Christopher A.	3182392 / ATP	Oct-25
Bendall, Graham P.	3798631 / Comm	Mar-26
Boudreau, Mark G.	3777514 / Comm	Dec-25
Dennison, David M.	3036012 / Comm	Jan-26
Edgar, Ted O.	3317571 / Comm	Dec-25
Fuller, Danielle	3224790 / ATP	Dec-25
Jolly, Karl D.	3395580 / ATP	Dec-25
Koehler, Sara A.	2737969 / Comm	Feb-26
Linares, Stephen G.A.	3388159 / ATP	Feb-26
Loftin, Michael 'Chad'	3507075 / Comm	Oct-25
Moruzzi, Robert 'Robb'	4174848 / Comm	Aug-26
Myers, Alexander C.	3334022 / Comm	Aug-26
Myers, John H. III	3340989 / Comm	Apr-26
O'Shannon, Stuart K.	3339472 / Comm	Feb-26
Thompson, Scott R.	2806587 / ATP	Jul-26
Wineka, Brent	2849073 / Comm	Dec-25



Insurance:

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Servine, FL. 333. Servine, FL. 335. Servine, FL. 335. CN100309081-7_GAN-25-25 INSURER S. American Guarantee & Liability ins Co. 25-27 Insurer Servine Home S	th	is certificate does not confe			uch endorseme		require an endorsement. A	Statement on
Sunfise, FL 33323 Sunfise, FL 3	PRO	PRODUCER CONTACT NAME						
AGORRES: INSURED: INSURE		1000 canglass corporate rkny, c	Suite 300		(A/C, No. Ext):			
INNURED INNU		Sunnse, FL 33329 E-MAIL ADDRESS:						
INSURER 8: Advision Sciences Center, INC 1 Tampa General Circle 1 Ta	CNI	100000051 + CAW 25 25			INDUSED A . NO	INSURER(8) AFFO	RDING COVERAGE	
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AUTHORIZED REPRESENTATIVE		Seaman, L 00100			AUTHORIZED REP	RESENTATIVE		
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Pinellas County COPCN Application Renewal 10.2025

ACORD 25 (2016/03)



STARR

			COMPANIES			
			Road NE, Suite 1000			
Certificate of Insura	nce	Atianta,	GA 30326			
Certificate Holder:		TY A POLITICAL S	HIRDIVISION OF	THE STATE OF FLC)PID A	
Cermicale noider.		UTH FORT HARRIS		THE STATE OF FEC	KIDA	
	CLEARWATER, FL		ON AVENUE			
	CLEARWATER, FL	23730				
Named Insured:	METRO AVIATION	N, INC.				
	P.O. BOX 7008					
	SHREVEPORT, LA	71137				
Policy Period:	From: SEPTEM	BER 1, 2025	To: S	EPTEMBER 1, 2026	6	
Policy Number:	SASICOM600057	25-16				
Issuing Company:	STARR INDEMNIT	Y & LIABILITY CO	MPANY (30% LIN	NE SHARE)		
,		G MARKETS AS H		,		
This is to certify that the po insurance is not an insurance						
requirement, term or condit						
the insurance afforded by t		ils certificate is subject	to all the terms, exc	lusions, and conditions	of such policy(le	5).
Aircraft Year Make and N		Reg No.	Insured Value	Deductibles NIM / IM	Liability Limit	
ANY SCHEDULED /	AIRCRAFT OPERATED			AS ENDORSED	\$100,000,000	CSL INCL PAX
BY THE NAMED INS	URED					
STARR INDEMNITY & LIABILI ELSEWHERE AND NOT EVID INSUBERS, STARR INDEMNIT MEANING THAT STARR IND FOR THE REMAINING PERC THE CERTIFICATE HOLDER! ADDITIONAL INSURED BUT OF EVIDENCE DIN THE CERTIFI MANUFACTURE, MODIFICA	ENCED HEREIN. THIS INS Y & LIABILITY COMPAN' ENMITY & LIABILITY COM- ENTAGE OF THE PLACE! S) AND FLORIDA HEALTH- ONLY AS RESPECTS OPE D BY THIS CERTIFICATE S CATE SHALL BE INSURED	SURANCE PLACEMEN Y'S OBLIGATION UND MPANY IS SOLELY RESI MENT INSURED ELSEW H SCIENCES CENTER II RATIONS OF THE NAM SHALL NOT APPLY TO, I FOR BODILY INJURY	T IS ON A SUBSCRIPT ER THE REFERENCED PONSIBLE FOR THE LI HERE. NC / TAMPA GENER. MED INSURED. AND NO PERSON O OR PROPERTY DAM.	TION/GUOTA SHARE B D INSURANCE POLICY LINE SHARE LISTED ABO HAL HOSPITAL / AERON DR ORGANIZATION TO LAGE WHICH ARISES FI	ASIS INCLUDING IS SEVERAL AND IS NOT MED IS/ARE INCL WHICH COVER ROM THE DESIGN	MULTIPLE NOT JOINT RESPONSIBLE UDED AS AN AGE IS
Certificate Number: Issued By and Date: Starr 10200 (6/06)	AV824 AUGUST 15, 2025 (RH	1)	Ву	Authorized Repre	esentative)	_



LOOKING GLASS

INSURANCE SERVICES, LLC 12555 High Bluff Dr, Ste 385 San Diego, CA 92130 (858) 321-3626

Policy Schedule

Named Insured: METRO AVIATION, INC.

Policy Period: From: SEPTEMBER 1, 2025 To: SEPTEMBER 1, 2026

Insurance Coverage(s): AIRCRAFT HULL & LIABILITY

SCHEDULE OF INSURERS

INSURERS	POLICY NUMBERS(S)
Star Indemnity & Liability Company	SASICOM60005725-16
Air Centurion on behalf of SiriusPoint America Insurance Company	ACGG-SP-00080-10
National Union Fire Insurance Company of Pittsburgh, PA through AIG Aerospace Insurance Services, Inc.	FQ 013468509-06
Allianz Global Risks US Insurance Company	A1GA001385725AM
Great American Insurance Company	QS E426958-07
XL Specialty Insurance Company	UA00017490AV25A
Continental Indemnity Company through Applied Underwriters Insurance Services	BAVQFHNLA011500_131001_03
Endurance American Insurance Company through W Brown & Associates	NGC6068084

SEVERAL LIABILITY NOTICE

The subscribing insurers' obligations under contracts of insurence to which they subscribe are several and not joint and is limited solely to the extent of their individual subscriptions. The subscribing insurers are not responsible for the subscription of any co-subscribing insurer who for any reason does not satisfy all or part of its obligations. LSW 1001 (Insurance)