Pinellas County EMS & FIRE ADMINISTRATION

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

APPLICATION TYPE: ☐ NEW ☑ RENEWAL

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

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

ORGANIZATION NAME:	HOURS OF OPERATION: ☑24-HOUR
Florida Health Scinces, Inc. bda Tampa General Hospital	_____ A.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 NUMBER & E-MAIL:
Aurelia "Auri "Miller, Program Director	812-606-0815, aureliamiller@tgh.org
VICE OFFICER/DIRECTOR NAME & TITLE:	PHONE NUMBER & E-MAIL:
Michele Moran, SVP Emergency Services	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 hereby acknowledge this certificate may be suspended or revoked if at any time the firm fails to meet all of the requirements of the Pinellas County Code or Rules and Regulations.

SIGNATURE OF APPLICANT:	DATE:
Aurelia Miller	10-2-2025

STATE OF FLORIDA
COUNTY OF Pinellas

Subscribed and sworn to (or affirmed) before me this 10-2-2025 by Aurelia Miller, who is/are personally known to me or has/have produced Drivers License as identification.

Notary Public State of Florida
Amy S Pounders
My Commission HH 391669
Expires 4/27/2027

(SEAL)

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

Pinellas County EMS & FIRE ADMINISTRATION

WHEELCHAIR/STRETCHER SERVICE
RECORD KEEPING VERIFICATION FORM

Pinellas County Rules and Regulations, as Amended

Name of Service: Florida Health Sciences Center, Inc. dba Tamp

Date: 10/02/2025

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	AM
	• Pick-up & Destination Address	AM
	• Arrival Time at Destination	AM
	• Client's Name	AM
	• Person Ordering Transport	AM
	• Telephone Number of Caller (*if applicable)	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
8.1	Dispatch audio & written/electronic records shall be available for inspection.	AM

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

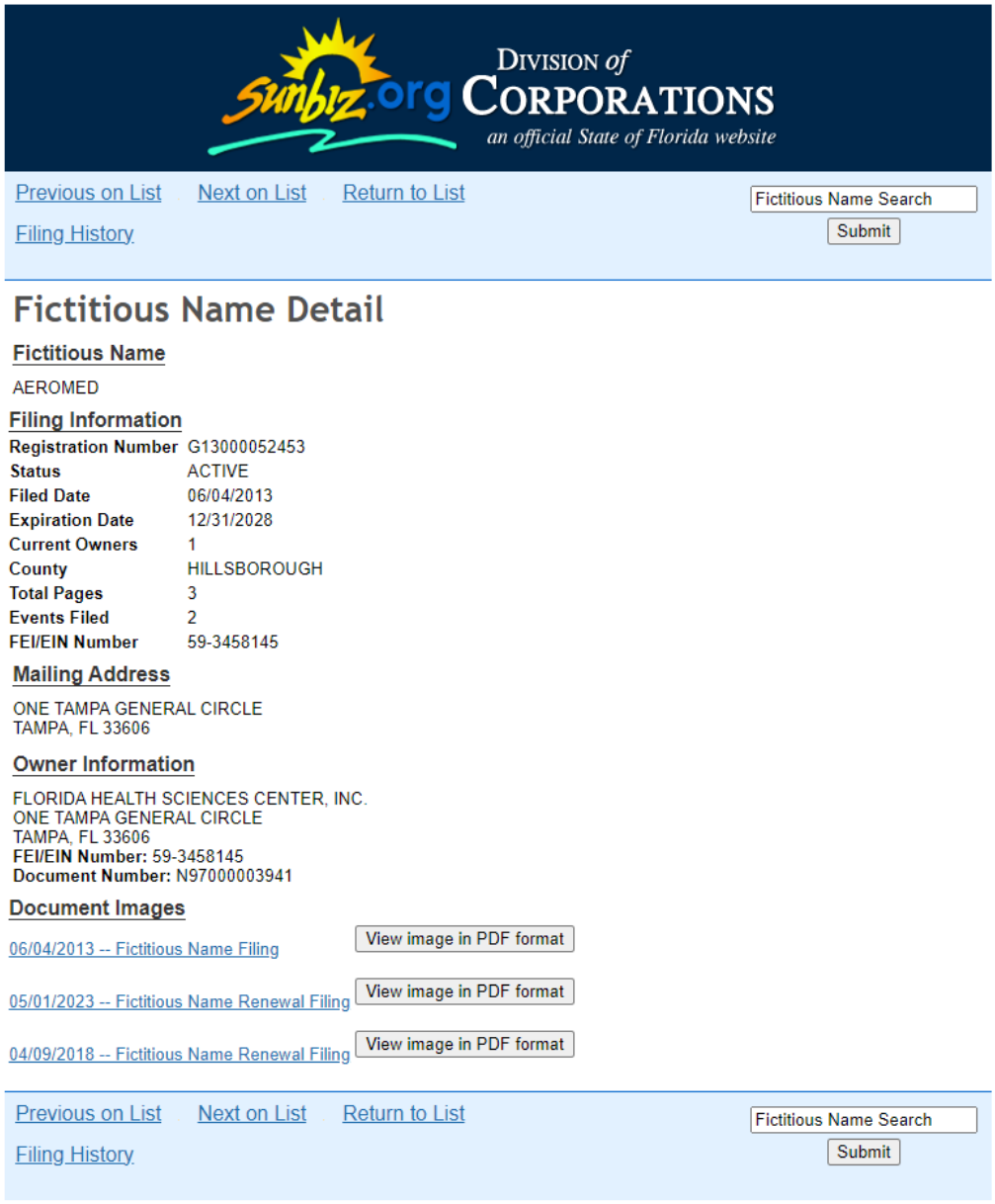
The Aeromed- Air program operates 4 aircraft bases as per the attached base spreadsheet with one dedicated backup aircraft for the program. Aeromed utilizes a Bell 407 GX aircraft as a dedicated backup to ensure continuity of operations for patients and referring customers.

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:



Sunbiz.org Division of Corporations — an official State of Florida website

Previous on List | Next on List | Return to List | Filing History | Fictitious Name Search | Submit

Fictitious Name Detail

Fictitious Name

AEROMED

Filing Information

Registration Number	G13000052453
Status	ACTIVE
Filed Date	06/04/2013
Expiration Date	12/31/2028
Current Owners	1
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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Two-year pro-forma budget:

Florida Health Sciences Center, Inc and Subsidiaries
Consolidated Income Statement
In Thousands

	Two Year ProForma	
	2023	2024
Operating Revenues		
Net Patient Service Revenue	2,198,201	2,264,147
Other Operating Revenue	286,282	273,670
Total Operating Revenue	**2,484,483**	**2,537,817**
Operating Expenses		
Salaries and Wages	831,926	828,559
Employee Benefits	197,563	215,425
Proessional Fees	69,595	70,291
Medical Supplies	315,764	325,237
Pharmaceuticals	232,942	239,930
Other Supplies	38,175	39,320
Purchased Services	335,374	342,081
Utilities and Rent/Lease	61,594	62,210
Assessments	26,245	27,170
Medical Professional Costs	100,215	101,217
Insurance	43,358	43,792
Other Expense	26,661	26,928
Depreciation and Amortization	85,741	93,612
Interest Expense	35,155	34,804
Total Operating Expenses	**2,400,308**	**2,450,576**
Operating Income	**84,175**	**87,242**
Investment Returns	38,430	38,430
Donations, Income Tax, and Other	670	2,050
Net Income	**123,275**	**127,722**

FLORIDA HEALTH SCIENCES CENTER, INC.
FINANCIAL INFORMATION

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%

Community Benefits / Unreimbursed Costs (in millions)
Per Form 990 – Most recent years available

	2022	2023
Financial assistance at cost (Charity Care)	$51.2	$51.0
Unreimbursed Medicaid Patient Care Costs	$140.2	$184.1
Unreimbursed Means-Tested Government Program Care Costs	$22.3	$23.9
Community benefit programs and services	$26.6	$42.8
Total Community Benefits	**$240.3**	**$301.8**
Unreimbursed Medicare Patient Care Costs	$23.9	$40.6
TOTAL (Community Benefits and Unreimbursed Medicare Patient Care Costs)	**$264.2**	**$342.4**

Personnel roster: Medical

Last Name	First Name	Hire Date	RN License	Paramedic 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:

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 10/02/2025

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 MARSH USA LLC. 1560 Sawgrass Corporate Pkwy, Suite 300 Sunrise, FL 33323	**CONTACT NAME:** **PHONE (A/C, No, Ext):** **FAX (A/C, No):** **E-MAIL ADDRESS:**
CN103090951-*,-GAW-25-26	**INSURER(S) AFFORDING COVERAGE** — **NAIC #** INSURER A : N/A — N/A
INSURED Florida Heath Sciences Center, INC 1 Tampa General Circle Tampa, FL 33606	INSURER B : American Guarantee & Liability Ins Co — 26247 INSURER C : Zurich American Insurance Company — 16535 INSURER D : INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** ATL-005269948-27 **REVISION NUMBER:** 17

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 OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-JECT LOC OTHER:						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ $ $ $ $ $
B	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY			GLA 2881161 - 19	06/01/2025	06/01/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
C C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N: N If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		6482348 (AOS) 6482350 (FL) SIR $500,000	10/01/2025 10/01/2025	10/01/2026 10/01/2026	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000

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

Evidence of coverage for Certificate of Public Convenience and Necessity (COPCN) to operate in Pinellas County, FL.

CERTIFICATE HOLDER	CANCELLATION
Pinellas County A Political Subdivision of the State of Florida 400 S Fort Harrison Ave Clearwater, FL 33756	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 Marsh USA LLC

ACORD 25 (2016/03) The ACORD name and logo are registered marks of ACORD

Tampa General Hospital

AEROMED

STARR

INSURANCE COMPANIES
3954 Peachtree Road NE, Suite 1000
Atlanta, GA 30326

Certificate of Insurance

Certificate Holder: PINELLAS COUNTY, A POLITICAL SUBDIVISION OF THE STATE OF FLORIDA
COUNTY 400 SOUTH FORT HARRISON AVENUE
CLEARWATER, FL 33756

Named Insured: METRO AVIATION, INC.
P.O. BOX 7008
SHREVEPORT, LA 71137

Policy Period: From: SEPTEMBER 1, 2025 To: SEPTEMBER 1, 2026
Policy Number: SASICOM60005725-16
Issuing Company: STARR INDEMNITY & LIABILITY COMPANY (30% LINE SHARE)
AND FOLLOWING MARKETS AS HELD ON FILE

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: Year	Make and Model	Reg No.	Insured Value	Deductibles NIM / IM	Liability Limit	
	ANY SCHEDULED AIRCRAFT OPERATED BY THE NAMED INSURED			AS ENDORSED	$100,000,000	CSL INCL PAX

STARR INDEMNITY & LIABILITY COMPANY HAS A 30% LINE SHARE OUT OF 100% FOR THIS PLACEMENT. THE REMAINING PERCENTAGE IS PLACED ELSEWHERE AND NOT EVIDENCED HEREIN. THIS INSURANCE PLACEMENT IS ON A SUBSCRIPTION/QUOTA SHARE BASIS INCLUDING MULTIPLE INSURERS. STARR INDEMNITY & LIABILITY COMPANY'S OBLIGATION UNDER THE REFERENCED INSURANCE POLICY IS SEVERAL AND NOT JOINT MEANING THAT STARR INDEMNITY & LIABILITY COMPANY IS SOLELY RESPONSIBLE FOR THE LINE SHARE LISTED ABOVE AND IS NOT RESPONSIBLE FOR THE REMAINING PERCENTAGE OF THE PLACEMENT INSURED ELSEWHERE.

THE CERTIFICATE HOLDER(S) AND FLORIDA HEALTH SCIENCES CENTER INC / TAMPA GENERAL HOSPITAL / AEROMED IS/ARE INCLUDED AS AN ADDITIONAL INSURED BUT ONLY AS RESPECTS OPERATIONS OF THE NAMED INSURED.

THE INSURANCE EVIDENCED BY THIS CERTIFICATE SHALL NOT APPLY TO, AND NO PERSON OR ORGANIZATION TO WHICH COVERAGE IS EVIDENCED IN THE CERTIFICATE SHALL BE INSURED FOR BODILY INJURY OR PROPERTY DAMAGE WHICH ARISES FROM THE DESIGN, MANUFACTURE, MODIFICATION, REPAIR, SALE, OR SERVICING OF AIRCRAFT BY THAT PERSON OR ORGANIZATION.

Certificate Number: AV824
Issued By and Date: AUGUST 15, 2025 (RH)

By _____
(Authorized Representative)

Starr 10200 (6/06)

Tampa General Hospital

AEROMED

LOOKING GLASS

INSURANCE SERVICES, LLC
12555 High Bluff Dr, Ste 385
San Diego, CA 92130
(858) 321-3636

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)
Starr Indemnity & Liability Company	SASICOM60005725-16
Air Centurion on behalf of SiriusPoint America Insurance Company	ACQG-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	NQC6068084

SEVERAL LIABILITY NOTICE

The subscribing insurers' obligations under contracts of insurance 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)