


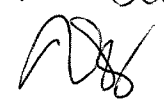


APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

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: <input checked="" type="checkbox"/> 24-HOUR A.M. to <input type="checkbox"/> A.M. / <input type="checkbox"/> P.M.
ADDRESS 1: 1 Tampa General Circle		PHONE: (813) 844-7400 or (800) 727-1911
ADDRESS 2: P.O. Box 1289, Tampa, Florida 33601		FAX: (813) 8445773
CITY, STATE, ZIP CODE: Tampa, Florida 33606		
OFFICER/DIRECTOR NAME & TITLE: John Visokay, Aeromed Program Director	PHONE NUMBER & E-MAIL: jvisokay@tgh.org, (813) 844-7758	
VICE OFFICER/DIRECTOR NAME & TITLE: Michele Moran, Senior Director, Emergency	PHONE NUMBER & E-MAIL: mmoran@tgh.org, (813) 844-3282	
BUSINESS HOURS POINT-OF-CONTACT: John Visokay	PHONE NUMBER & E-MAIL:	
AFTER HOURS POINT-OF-CONTACT: Aeromed Operations, request Aeromed Lead	PHONE NUMBER & E-MAIL: (813) 844-7400 or (800) 727-1911	
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: <i>Michele R. Moran</i>		DATE: 10/20/2022
STATE OF FLORIDA COUNTY OF <u>Hillsborough</u> Subscribed and sworn to (or affirmed) before me this <u>10/20/2022</u> by <u>Michele Moran</u> , who is/are personally known to me or has/have produced <u>Personally known</u> as identification. <div style="display: flex; justify-content: space-between; align-items: flex-end;"><div style="text-align: center;"> (SEAL)</div><div style="text-align: center;"><i>Jennifer Santos</i>  (Name of Notary typed, printed or Form stamped)</div></div>		



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.
- ☒ 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.
- ☒ 5. Certificate of Incorporation and Certification of Fictitious Name (d.b.a.) as registered with the State of Florida, as applicable.
- ☒ 6. 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).
- ☒ 7. Agency's retail rate schedule for all services provided.
- ☒ 8. 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, 12490 Ulmerton Rd, Ste 134, Largo, FL 33774.**

COUNTY DRIVER APPLICATION & CERTIFICATION REQUIREMENTS:

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

- N/A* 1. Completed Background Screening Affidavit with background check (**verification must be less than 45 days old**).
- N/A* 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/>).
- N/A* 3. Valid driver's license.
- N/A* 4. Completed verification applicant is not listed on the U.S. Department of Health and Human Services Exclusions Database (<https://exclusions.oig.hhs.gov/>).
- N/A* 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.



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

Pinellas County Rules and Regulations, as Amended

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

Date: 10/11/2022

Section	Inspection Items	Initials
8.1	Record all telephone lines when used for requests for transport, including cell phones.*	<u>JV</u>
	*Initial here if standard business practice is to receive requests via fax and/or e-mail and written records are maintained of such contacts in accordance with written records criteria.	<u>JV</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>JV</u> <u>JV</u> <u>JV</u> <u>JV</u> <u>JV</u> <u>JV</u>
8.1	Audio dispatch records shall be kept for a minimum of six (6) months.	<u>JV</u>
8.1	Written or electronic dispatch shall be kept for a minimum of three (3) years.	<u>JV</u>
8.1	Dispatch audio & written/electronic records shall be available for inspection.	<u>JV</u>



WHEELCHAIR VEHICLE ROSTER
Pinellas County Rules and Regulations, as Amended

Name of Service: N/A Page: of

Provide Unit, Tag and VIN numbers for all vehicles. If more lines are needed, it is acceptable to copy this form. A Company Roster may be attached, as long as all required information is included. Contact EMS & Fire Administration for a Vehicle Inspection appointment.

Unit Number	Florida Vehicle Tag Number	Vehicle Identification Number (VIN)	Client compartment observation mirror	Passenger floor properly maintained	Fire extinguisher 2A:10B:C	Operable interior lights	Free of dent/rust that interferes with safe operation	Equipment in patient compartment safely secured	Doors, latches, and handles working properly	Patient lift platform working properly	Positive means of securing/locking wheelchair/stretchers	Properly designed passenger safety belts and/or straps	Radio/tablet/cell phone for communication with base station	Exterior lights – high, low, turns, brake, tails, backup	Interior clean, sanitary and in good working order
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															
12															



STRETCHER VAN ROSTER
Pinellas County Rules and Regulations, as Amended

Name of Service: N/A Page: of
Such vehicles may not be equipped, marked or operated as an Ambulance

Provide Unit, Tag and VIN numbers for all vehicles. If more lines are needed, it is acceptable to copy this form. A Company Roster may be attached, as long as all required information is included. Contact EMS & Fire Administration for a Vehicle Inspection appointment.

Unit Number	Florida Vehicle Tag Number	Vehicle Identification Number (VIN)	Client compartment observation mirror	Passenger floor properly maintained	Fire extinguisher 2A:10B:C	Operable interior lights	Free of dent/rust that interferes with safe operation	Equipment in patient compartment safely secured	Doors, latches, and handles working properly	Patient lift platform working properly	Positive means of securing/locking wheelchair/stretchers	Properly designed passenger safety belts and/or straps	Radio/tablet/cell phone for communication with base station	Exterior lights – high, low, turns, brake, tails, backup	Interior clean, sanitary and in good working order
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															
12															



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

Name of Service: N/A Page: of

Attach a copy of the Class E Driver's License for each listed Driver. If more lines are needed, it is acceptable to copy this form. A Company Roster may be attached, as long as all required information is included.

Name (Last, First) Also list "nick-name" if applicable	Class E Driver's License Number	Expiration Date	Date of Birth	Assigned EMS ID #
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				

**PINELLAS COUNTY
EMERGENCY MEDICAL SERVICES
WHEELCHAIR/STRETCHER TRANSPORT**

**Application for
County Driver Certification**

Contact:

**OFFICE OF THE MEDICAL DIRECTOR
12490 Ulmerton Road
Largo, FL 33774
(727) 582-5750**

PINELLAS COUNTY CERTIFICATION FOR WHEELCHAIR/STRETCHER TRANSPORT

Incomplete applications will not be processed

Documentation to submit: *N/A*

- ☐ 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.

PINELLAS COUNTY EMERGENCY MEDICAL SERVICES
BACKGROUND SCREENING AFFIDAVIT

Both the Applicant and the undersigned duly authorized representative of the Provider Agency hereby certifies and attests the information in this affidavit is true, correct and has been verified, as follows:

Applicant Full Name/Alias: N/A
Applicant Date of Birth: _____
Provider Agency Name/ PCEMS ID: _____

1. Applicant has attached a color photocopy of a Government Issued Photo Id, a State Photo Identification Card or Driver's License; which was verified by the Provider Agency. Applicant may redact their home address.
2. Provider Agency has conducted or attached a recent (less than forty-five day old) background check meeting one of the following criteria:
 - Florida Agency for Healthcare Administration (AHCA), Florida Department of Children & Families (DCF), or Florida Department of Elder Affairs (DOEA) Level 2 Background Screening Letter of Eligibility; or
 - Florida Department of Law Enforcement (FDLE) Criminal History Record Check (CHRC) Report; or
 - Provider Agency certifies the Provider Agency has run a background check to the greatest extent possible by law and to the Provider Agency's best knowledge Applicant: (1) has not been convicted of a felony, (2) has not been convicted of a misdemeanor directly related to his/her employment, or (3) has not pled nolo contendere to any charge of felony.
3. Applicant has attached their Florida Department of Health License. Provider Agency has verified the license is "CLEAR/ACTIVE" and attached a copy of the current status web inquiry. **Any discipline on file must be attached.** (www.flhealthsource.gov)
4. Provider Agency has verified the Applicant is not listed on the U.S. Department of Health & Human Services Exclusions Database for Medicare providers (exclusions.oig.hhs.gov). Attach a copy of the current status web inquiry.
5. Applicant has provided three (3) personal (non-relative) references who attest to the Applicant's moral character which have been verified by the Provider Agency.

APPLICANT SIGNATURE AND DATE

PROVIDER AGENCY SIGNATURE AND DATE

PRINTED NAME

PRINTED NAME

**APPENDIX A
PINELLAS COUNTY EMERGENCY MEDICAL SERVICES
RULES & REGULATIONS
BACKGROUND SCREENING AFFIDAVIT**

Both the Applicant and the undersigned duly authorized representative of the Provider Agency hereby certifies and attests the information in this affidavit is true, correct and has been verified, as follows:

Applicant Full Name/Alias: N/A

Applicant Date of Birth: _____

Provider Agency Name/ PCEMS ID: _____

1. Applicant has attached a color photocopy of a Governmental Issued Photo ID, a State Photo Identification Card or Driver's License; which was verified by the Provider Agency. Applicant may redact their home address.
2. Provider Agency has conducted or attached a recent (less than forty-five day old) background check meeting the following criteria:
 - Florida Agency for Healthcare Administration (AHCA), Florida Department of Children & Families (DCF), or Florida Department of Elder Affairs (DOEA) Level 2 Background Screening Letter of Eligibility; or
 - Florida Department of Law Enforcement (FDLE) Criminal History Record Check (CHRC) Report; or
 - Provider Agency certifies the Provider Agency has run a background check to the greatest extent possible by law and to the Provider Agency's best knowledge Applicant: (1) has not been convicted of a felony, (2) has not been convicted of a misdemeanor directly related to his/her employment, or (3) has not pled nolo contendere to any charge of felony.
3. Applicant has attached their Florida Department of Health License. Provider Agency has verified the license is "CLEAR/ACTIVE" and attached a copy of the current status web inquiry. **Any discipline on file must be attached.** (www.flhealthsource.gov)
4. Provider Agency has verified the Applicant is not listed on the U.S. Department of Health & Human Services Exclusions Database for Medicare providers (exclusions.oig.hhs.gov). Attach a copy of the current status web inquiry.
5. Applicant has provided three (3) personal (non-relative) references who attest to the Applicant's moral character which have been verified by the Provider Agency.

APPLICANT SIGNATURE AND DATE

PROVIDER AGENCY SIGNATURE AND DATE

APPLICANT PRINTED NAME

PROVIDER AGENCY PRINTED NAME



**STATE OF FLORIDA
DEPARTMENT OF HEALTH
BUREAU OF EMERGENCY MEDICAL OVERSIGHT**

AIR AMBULANCE SERVICE LICENSE

This is to certify that: 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 "M. Hall", is positioned above the printed name of the Section Administrator.

Michael Hall, Section Administrator
Emergency Medical Services
Florida Department of Health

THIS CERTIFICATE EXPIRES ON: 01/17/2024

This certificate shall be posted in the above mentioned establishment

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, Chapter 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: *Dave Eggar*
Chairman, Board of County Commissioners

Date: 12/07/2021

EFFECTIVE: January 1, 2022

EXPIRATION: December 31, 2022

APPROVED AS TO FORM

By: Jason C. Ester
Office of the County Attorney



ATTEST: KEN BURKE, CLERK
By: *Jason C. Ester*
Deputy Clerk



The Board of Directors of



Commission on Accreditation of Medical Transport Systems

hereby awards accreditation to

TAMPA GENERAL HOSPITAL AEROMED

From April 8, 2022 to April 8, 2025

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

- ☒ 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
International College of Advanced Practice
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 Liaison*

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.

RCW

Chair

June Little

Secretary

Eileen Fraser

Executive Director



AEROMED

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

October 12, 2022

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

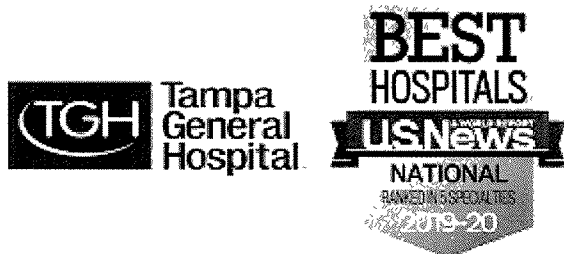
We provide this notification as we continue to provide quality professional service to our customers.

Sincerely,

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

We Heal. We Teach. We Innovate.

Care for everyone. Every day.



Last Name	First Name	Hire Date	DOT Curriculum	BLS - RQI	ACLS - RQI	PALS - RQI	NRP	RN License	Expiration	Paramedic Cert	Expiration	Advance Cert	Expiration	Advance Cert	Expiration	Advance Cert	Expiration
Adams	Mark	04/19/2004	01/2007	06/30/24	06/30/24	06/30/24	03/01/24			PMD 507417	12/2022	FP-C	01/31/24				
Adkins	Keland	04/13/2015	02/2015	06/30/24	06/30/24	06/30/24	11/2022	RN 9526801	04/2023	PMD 522290	12/2022	CFRN	04/01/24	CCP-C	05/31/24	FP-C	05/31/24
Bitner	John	05/01/2010	08/2012	06/30/24	06/30/24	06/30/24	9/2023	RN 9306385	04/2023	PMD 523569	12/2022	CCRN	06/30/24	CEN	12/19/24	CFRN	04/29/25
Blanchard	Brian	03/04/2019	03/2021	06/30/24	06/30/24	06/30/24	10/01/22	RN 9414343	04/2023	PMD 538013	12/2022	CEN	05/25/24	TCRN	08/12/23		
Burnett	Alisha	11/19/2012	02/2016	06/30/24	06/30/24	06/30/24	07/2022	RN 9351712	07/01/24	PMD 528672	12/2022	CCRN	05/31/24	CFRN	03/10/24	TCRN	11/11/23
Burnett	Matthew	11/19/2012	05/2013	06/30/24	06/30/24	06/30/24	09/2023	RN 9350430	07/01/24	PMD 524831	12/2022	CCRN	03/31/24	CFRN	04/02/24		
Charczenko	Rebecca	1/24/2022	03/2021	06/30/24	06/30/24	06/30/24	04/30/24			PMD 536834	12/01/22	FP-C	02/28/23				
Clough	Brian	12/9/2019	03/2020	06/30/24	06/30/24	06/30/24	10/2022			PMD 527676	12/2022	FP-C	06/30/23				
Connell	Noah	05/04/2009	01/2009	06/30/24	06/30/24	06/30/24	12/2022			PMD 504208	12/2022	FP-C	01/31/24				
Curren	Kelly	08/18/2008	07/2004	06/30/24	06/30/24	06/30/24	12/31/23			PMD 200304	12/2022	FP-C	01/31/24				
Denicourt	Adam	2/17/2020	01/2019	06/30/24	06/30/24	06/30/24	06/30/24			PMD 522566	12/2022	FP-C	08/20/22				
Dilworth	Jeffrey	02/25/2008	05/2009	06/30/24	06/30/24	06/30/24	05/2022			PMD 514365	12/2022	FP-C	11/30/23				
Duppenthaler	Laurie	08/18/2008	08/2005	06/30/24	06/30/24	06/30/24	03/2022	RN 9170133	07/01/24	PMD 509768	12/2022	CFRN	04/30/24				
Ellison	Matthew	12/14/2020	01/2019	06/30/24	06/30/24	06/30/24	04/01/23			PMD 532520	12/2022	FP-C	01/31/23				
Freas	Robert	12/01/2008	04/2008	06/30/24	06/30/24	06/30/24	06/2022	RN 9271962	04/2023	PMD 514738	12/2022	CFRN	01/31/22	CEN	01/31/22		
Giannetti	Lorenzo	5/29/2022		06/30/24	06/30/24	06/30/24		RN9303584	04/30/23	PMD523672	12/01/22						
Haines	Caitlyn	1/4/2016	03/2021	06/30/24	06/30/24	06/30/24	02/2023	RN9427043	04/2023	PMD 532340	12/2022	CFRN	08/03/24	TCRN	10/27/22		
Hamilton	Tricia	12/8/2014	11/2014	06/30/24	06/30/24	06/30/24	09/2022	RN9363182	04/2023	PMD 528209	12/2022	CFRN	01/31/24	CTRN	03/01/24		
Hess	Sarah	08/01/2006	05/2010	06/30/24	06/30/24	06/30/24	05/2022	RN 9233298	04/2023	PMD 518659	12/2022	CEN	07/15/23				
Holt	James	02/11/2002	09/2002	06/30/24	06/30/24	06/30/24	12/31/23	RN 3234652	04/2023	PMD 17802	12/2022	CEN	05/01/25	CFRN	09/30/23		
Hughes	Chadd	10/21/2002	05/2008	06/30/24	06/30/24	06/30/24	10/2022	RN 9188741	04/30/24	PMD 514896	12/2022	CEN	10/05/23				
Huston	James	1/20/2020	03/2020	06/30/24	06/30/24	06/30/24	04/2024			PMD 535304	12/2022	FP-C	04/30/25	CCP-C	03/31/22		
Keffeler	Jotham	07/08/2002	05/2009	06/30/24	06/30/24	06/30/24	03/31/24	RN 9188997	04/30/24	PMD 511240	12/2022	CFRN	08/24/23				
Kellems	Robyn	09/22/1984	08/2001	06/30/24	06/30/24	06/30/24	11/30/23	RN 1489892	07/31/24	PMD 205221	12/2022	CFRN	01/31/24	CEN	12/30/21		
Koch	Kathleen	09/21/1994	03/1996	06/30/24	06/30/24	06/30/24	11/2023	RN 2704112	04/2023	PMD 16104	12/2022	CMTE	12/31/24	CFRN	08/24/23		
Kresge	Daniel	05/10/1992	06/2000	06/30/24	06/30/24	06/30/24	9/2023	RN 2835822	04/2023	PMD 19693	12/2022	CFRN	07/27/24				
Maslonka	Justin	05/14/2018	03/2014	06/30/24	06/30/24	06/30/24	03/2023			PMD 523574	12/2022	FP-C	07/31/22				
McNally	Kyle	03/16/2015	06/2021	06/30/24	06/30/24	06/30/24	07/2022			PMD 522253	12/2022	FP-C	11/30/24				
Miller	Aurelia	8/15/2016	02/2004	06/30/24	06/30/24	06/30/24	08/2022	RN9235532	04/2023	PMD517437	12/2022	CEN	07/22/24				
Miller	Kyle	01/19/2015	02/2014	06/30/24	06/30/24	06/30/24	08/2022			PMD 515588	12/2022	FP-C	08/31/24				
Miller	Scott	06/06/1994	04/2000	06/30/24	06/30/24	06/30/24	08/2023	RN 2903102	07/31/24	PMD 201060	12/2022	CPEN	12/27/22	CEN	06/21/23		
Monk	Robert	08/18/2008	06/2001	06/30/24	06/30/24	06/30/24	01/2023			PMD 11424	12/2022	FP-C	09/30/23				
Nelson	Charles	04/19/1999	12/1994	06/30/24	06/30/24	06/30/24	05/2022			PMD 13652	12/2022	FP-C	06/20/23				
Pearson	Richard	3/5/2007	02/2016	06/30/24	06/30/24	06/30/24	08/2022	RN 9213405	04/2023	PMD 531844	12/2022	CEN	12/17/24	TCRN	07/06/21	CPEN	07/07/24
Pennington	Joseph	11/03/2008	05/2004	06/30/24	06/30/24	06/30/24	02/2022			PMD 12130	12/2022	FP-C	11/24/23				
Rader	Mariya	2/27/2017	02/2020	06/30/24	06/30/24	06/30/24	11/2023	RN9449997	07/31/24	PMD534683	12/2022	CEN	10/18/24	TCRN	02/13/23		
Richardson	Donald	06/04/2001	12/1994	06/30/24	06/30/24	06/30/24	05/31/22	RN 2793692	04/2023	PMD 17762	12/2022	CEN	11/26/24				
Sanderson	Tracy	03/14/2001	12/1994	06/30/24	06/30/24	06/30/24	02/2022	RN 9175288	07/2022	PMD 205819	12/2022	CEN	10/31/23				
Stevenson	Wendi	11/03/2014	11/2014	06/30/24	06/30/24	06/30/24	09/01/22	RN 9363653	04/2023	PMD 527618	12/2022	CFRN	01/22/25	CTRN	01/27/25		
Tavakoli	Renee	07/25/2011	02/2017	06/30/24	06/30/24	06/30/24	04/2023	RN 9293069	04/2023	PMD 531529	12/2022	CCRN	03/31/23				
Turgeon	Cedric	08/18/2008	05/2003	06/30/24	06/30/24	06/30/24	05/2022			PMD 201623	12/2022	FP-C	01/31/24				
Velar	Thomas	10/25/2021		06/30/24	08/22/22	06/30/24				PMD 512198	12/2022	FP-C	12/31/23				
Chappell	Brad	07/27/2009		03/31/22						EMT 85210	12/2022						
Cotton	Mac			03/31/22													
Houston	Jonathan	06/01/2021		03/31/22						EMT 571496	12/2022						

Kwilinski	Andi	02/17/2020		03/31/22						EMT559053	12/2022						
Ricketts	Michele- Juanita	03/26/2018		03/31/22						EMT553775	12/2022						
West	Charles	10/17/2011		03/31/22						EMT 537086	12/2022						
Williams	Jennifer	02/03/2014		03/31/22						EMT 307704	12/2022						



American Board of Emergency Medicine

3000 Coolidge Road
East Lansing, Michigan 48823-6319

517.332.4800
fax 517.332.2234
www.abem.org

November 18, 2017

Juliana Lefebre, D.O.
608 Tropical Breeze Way
Tampa, FL 33602

(63131)

Dear Dr. Lefebre:

You are currently a diplomate of the American Board of Emergency Medicine (ABEM). Your certification number and dates of certification are below:

EM - Emergency Medicine

Participating in MOC: Yes

Certification Number	Dates of Certification
63131	6/5/2017 - 12/31/2027

EMS - Emergency Medical Services

Participating in MOC: Yes

Certification Number	Dates of Certification
63131	11/17/2017 - 12/31/2027

An ABEM diplomate may maintain EM, EMS, MTOX, and PedEM certification beyond the expiration date of their current certification by participating successfully in the ABEM Maintenance of Certification (ABEM MOC) program. To be considered "participating in MOC," ABEM diplomates must complete a variety of activities within specific time periods. Additional information about MOC requirements can be found on the MOC overview section of the ABEM website, www.abem.org.

If you have any questions or require further assistance, please contact the ABEM office at (517) 332-4800, ext. 381.

Sincerely,

Certification Services
American Board of Emergency Medicine

AC#

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
03/08/2022	OS 13135	89074

THE OSTEOPATHIC PHYSICIAN

NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.

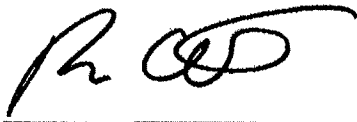
Expiration Date: **MARCH 31, 2024**

JULIANA LEFEBRE, DO

1 DAVIS BLVD.

SUITE 504

TAMPA, FL - 33606



Ron DeSantis
GOVERNOR



Joseph A. Ladapo, MD, PhD
State Surgeon General

DISPLAY IF REQUIRED BY LAW

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

AC#

DATE	LICENSE NO.	CONTROL NO.
03/08/2022	OS 13135	89074

THE OSTEOPATHIC PHYSICIAN

NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.

Expiration Date : **MARCH 31, 2024**

JULIANA LEFEBRE, DO

LICENSEE SIGNATURE



[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 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 Secretary, Director

CELESTAN, GREGORY J
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

NEIL, T COREY
TAMPA GENERAL HOSPITAL
ONE TAMPA GENERAL CIRCLE
TAMPA, FL 33606

Annual Reports

Report Year	Filed Date
2020	05/14/2020
2021	04/27/2021
2022	04/30/2022

Document Images

<u>04/30/2022 -- ANNUAL REPORT</u>	View image in PDF format
<u>04/27/2021 -- ANNUAL REPORT</u>	View image in PDF format
<u>05/14/2020 -- ANNUAL REPORT</u>	View image in PDF format
<u>09/24/2019 -- Reg. Agent Change</u>	View image in PDF format
<u>06/19/2019 -- Reg. Agent Change</u>	View image in PDF format
<u>04/04/2019 -- ANNUAL REPORT</u>	View image in PDF format
<u>01/02/2019 -- Reg. Agent Change</u>	View image in PDF format
<u>10/23/2018 -- Reg. Agent Change</u>	View image in PDF format
<u>03/15/2018 -- Reg. Agent Change</u>	View image in PDF format
<u>01/30/2018 -- ANNUAL REPORT</u>	View image in PDF format
<u>02/23/2017 -- ANNUAL REPORT</u>	View image in PDF format
<u>04/12/2016 -- ANNUAL REPORT</u>	View image in PDF format
<u>04/02/2015 -- ANNUAL REPORT</u>	View image in PDF format
<u>06/10/2014 -- AMENDED ANNUAL REPORT</u>	View image in PDF format
<u>02/28/2014 -- ANNUAL REPORT</u>	View image in PDF format
<u>01/24/2013 -- ANNUAL REPORT</u>	View image in PDF format
<u>01/03/2012 -- ANNUAL REPORT</u>	View image in PDF format
<u>01/14/2011 -- ANNUAL REPORT</u>	View image in PDF format
<u>03/18/2010 -- ANNUAL REPORT</u>	View image in PDF format
<u>09/29/2009 -- REINSTATEMENT</u>	View image in PDF format
<u>05/28/2008 -- ANNUAL REPORT</u>	View image in PDF format
<u>06/06/2007 -- ANNUAL REPORT</u>	View image in PDF format
<u>03/21/2006 -- ANNUAL REPORT</u>	View image in PDF format
<u>08/22/2005 -- ANNUAL REPORT</u>	View image in PDF format
<u>08/09/2005 -- ANNUAL REPORT</u>	View image in PDF format
<u>06/21/2004 -- ANNUAL REPORT</u>	View image in PDF format
<u>06/17/2003 -- ANNUAL REPORT</u>	View image in PDF format
<u>05/27/2003 -- ANNUAL REPORT</u>	View image in PDF format
<u>05/09/2002 -- ANNUAL REPORT</u>	View image in PDF format
<u>09/20/2001 -- Reg. Agent Change</u>	View image in PDF format
<u>02/12/2001 -- ANNUAL REPORT</u>	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

[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
FE/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
FE/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](#)



A E R O M E D

Make	Base	Model	Year of Manufacture	Permit #	FAA Registration/Tail #	Serial #	Color Scheme
Eurocopter	Back up aircraft	BK 117 C	1993	1732	N914TG	7506	blue/gold
Eurocopter	Aeromed 1/Tampa	BK117 C2	2020	2021	N911TG	9855	blue/yellow
Bell Helicopter	Aeromed 2/Sebring	407 GX	2012	1744	N922TG	54375	blue/yellow
Bell Helicopter	Back up aircraft	407 GX	2012	1745	N933TG	54376	blue/yellow
Bell Helicopter	Aeromed 4/Bartow	407 GX	2012	1746	N944TG	54377	blue/yellow
Bell Helicopter	Aeromed 5/Punta Gorda	407 GX	2012	1747	N955TG	54379	blue/yellow



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)

Certificate number: HDNA610E

Effective Date: August 13, 1985

Reissued: November 15, 2007

Issued at: ASW-FSDO-03

Manager
(Title)

ASW-FSDO-03
(Region/Office)

Operations Specifications

Aircraft Registration Number	Aircraft Serial Number	Aircraft M/M/S	STC Number	Maintenance Document for Aircraft NVIS w/ Revision Number BK117C2 AAIP, Revision 18.	Maintenance Document for Night Vision Goggles w/ Revision Number May 2020 -NIVISYS TM-NVAG Revision H November 2013 -L3 M949 TM D206794-036 Revision C October 2016
N911TG	9855	MBB- BK117-C2	SR01611SE	In accordance with Metro Aviation BK117C2 AAIP, Revision 18.	- Elbit Systems TM F4949-2 Revision M May 2020 -NIVISYS TM-NVAG Revision H November 2013 -L3 M949 TM D206794-036 Revision C October 2016
N911UW	9864	MBB- BK117-C2	SR01611SE	In accordance with Metro Aviation BK117C2 AAIP, Revision 18.	- Elbit Systems TM F4949-2 Revision M May 2020 -NIVISYS TM-NVAG Revision H November 2013 -L3 M949 TM D206794-036 Revision C October 2016
N911XA	0132	ECD- EC135-T1	SR01207SE	In accordance with Metro Aviation EC135 AAIP, Revision 23	- Elbit Systems TM F4949-2 Revision M May 2020 -NIVISYS TM-NVAG Revision H November 2013 -L3 M949 TM D206794-036 Revision C October 2016
N911XB	0154	ECD- EC135-T1	SR01207SE	In accordance with Metro Aviation EC135 AAIP, Revision 23.	- Elbit Systems TM F4949-2 Revision M May 2020 -NIVISYS TM-NVAG Revision H November 2013 -L3 M949 TM D206794-036 Revision C October 2016

Operations Specifications

Aircraft Registration Number	Aircraft Serial Number	Aircraft M/M/S	STC Number	Maintenance Document for Aircraft NVIS w/ Revision Number	Maintenance Document for Night Vision Goggles w/ Revision Number
					Revision H November 2013 -L3 M949 TM D206794-036 Revision C October 2016
N914ET	0018	ECD- EC135-P1	SR01207SE	In accordance with Metro Aviation EC135 AAIP, Revision 23	- Elbit Systems TM F4949-2 Revision M May 2020 -NIVISYS TM-NVAG Revision H November 2013 -L3 M949 TM D206794-036 Revision C October 2016
N914TG	7506	MBB- BK117-C1	SR01611SE	In accordance with Metro Aviation BK117 B1,B2,C1 AAIP, Revision 10.	- Elbit Systems TM F4949-2 Revision M May 2020 -NIVISYS TM-NVAG Revision H November 2013 -L3 M949 TM D206794-036 Revision C October 2016
N918EC	9121	MBB- BK117-C2	SR01611SE	In accordance with Metro Aviation BK117C2 AAIP, Revision 18	- Elbit Systems TM F4949-2 Revision M May 2020 -NIVISYS TM-NVAG Revision H November 2013 -L3 M949 TM D206794-036 Revision C October 2016
N922TG	54375	BHT-407- 407	SR01383SE	In accordance with Metro Aviation Bell 407 Periodical AAIP, Revision Original 11/17/2021.	- Elbit Systems TM F4949-2 Revision M May 2020 -NIVISYS TM-NVAG Revision H November 2013 -L3 M949 TM D206794-036 Revision C October 2016
N933TG	54376	BHT-407- 407	SR01383SE	In accordance with Metro Aviation	- Elbit Systems TM F4949-2 Revision M


Operations Specifications

Aircraft Registration Number	Aircraft Serial Number	Aircraft M/M/S	STC Number	Maintenance Document for Aircraft NVIS w/ Revision Number Bell 407 Periodical AAIP, Revision Original 11/17/2021.	Maintenance Document for Night Vision Goggles w/ Revision Number May 2020
N935MC	0485	ECD- EC135-P2	SR01207SE	In accordance with Metro Aviation EC135 AAIP, Revision 23	-NIVISYS TM-NVAG Revision H November 2013 -L3 M949 TM D206794-036 Revision C October 2016
N944TG	54377	BHT-407- 407	SR01383SE	In accordance with Metro Aviation Bell 407 Periodical AAIP, Revision Original 11/17/2021.	- Elbit Systems TM F4949-2 Revision M May 2020 -NIVISYS TM-NVAG Revision H November 2013 -L3 M949 TM D206794-036 Revision C October 2016
N945ME	7235	MBB- BK117-B2	SR01611SE	In accordance with Metro Aviation BK117 B1,B2,C1 AAIP, Revision 10	- Elbit Systems TM F4949-2 Revision M May 2020 -NIVISYS TM-NVAG Revision H November 2013 -L3 M949 TM D206794-036 Revision C October 2016
N955TG	54379	BHT-407- 407	SR01383SE	In accordance with Metro Aviation Bell 407 Periodical AAIP, Revision Original 11/17/2021.	- Elbit Systems TM F4949-2 Revision M May 2020 -NIVISYS TM-NVAG Revision H November 2013 -L3 M949 TM D206794-036 Revision C October 2016

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

1 NATIONALITY AND REGISTRATION MARKS N630AH	2 MANUFACTURER AND MODEL Airbus Helicopters, Inc. MBB BK117 C2	3 AIRCRAFT SERIAL NUMBER 9855	4 CATEGORY Transport
5 AUTHORITY AND BASIS FOR ISSUANCE <p>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 a 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:</p> <p style="text-align: center;">None.</p>			
6 TERMS AND CONDITIONS <p>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.</p>			
DATE OF ISSUANCE 20 Jul 2020	FAA REPRESENTATIVE MARCO A. LAMIS		DESIGNATION NUMBER 999996788
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 (11-2016) Previous Edition Dated 04-11 May be Used Until Depleted			

REGISTRATION NOT TRANSFERABLE

UNITED STATES OF AMERICA DEPARTMENT OF TRANSPORTATION - FEDERAL AVIATION ADMINISTRATION CERTIFICATE OF AIRCRAFT REGISTRATION		This certificate must be in the aircraft 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 D T O	FLORIDA HEALTH SCIENCES CENTER INC DBA TAMPA GENERAL HOSPITAL 1 TAMPA GENERAL CIR TAMPA FL 33606-3571 <div style="text-align: right;">Corporation</div>	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.
	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 (10/2010) Supersedes previous edition



911TG

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



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

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 914TG		AIRCRAFT SERIAL NO. 7506
MANUFACTURER AND MANUFACTURER'S DESIGNATION OF AIRCRAFT EUROCOPTER DEUTSCHLAND GMBH M88-BK 117 C-1		
ICAO Aircraft Address Code: 53123467		
I S S U E D 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	
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 December 1, 2021 EXPIRATION DATE December 31, 2024	 ADMINISTRATOR	
		 U.S. Department of Transportation Federal Aviation Administration

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


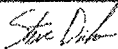
U.S. Department
of Transportation
**Federal Aviation
Administration**

Civil Aviation Registry
P.O. Box 28504
Oklahoma City, OK 73125-0504

Official Business
Penalty for Private Use \$300



AC Form 8050-3 (10/2010) Supersedes previous edition **914TG**

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 CERTIFICATE OF AIRCRAFT REGISTRATION		This certificate must be in the air- craft when operated.	
NATIONALITY AND REGISTRATION MARKS N 922TC		AIRCRAFT SERIAL NO. 54375	
MANUFACTURER AND MANUFACTURER'S DESIGNATION OF AIRCRAFT BELL HELICOPTER TEXTRON CANADA 407			
ICAO Aircraft Address Code: 53143510			
ISSUED TO - BUCKEYE LEASING LLC 1214 HAWN AVE SHREVEPORT LA 71107-6612 LLC		This certificate is issued for registration purpose only and is not a certificate of title. The Federal Aviation Administration does not determine rights of ownership as between private persons.	
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.		 U.S. Department of Transportation Federal Aviation Administration	
DATE OF ISSUE July 2, 2013 EXPIRATION DATE July 31, 2025		 ADMINISTRATOR	

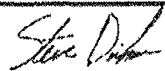

AC Form 8050-3 (10/2019) Supersedes previous editions

REGISTRATION NOT TRANSFERABLE

UNITED STATES OF AMERICA DEPARTMENT OF TRANSPORTATION - FEDERAL AVIATION ADMINISTRATION CERTIFICATE OF AIRCRAFT REGISTRATION		This certificate must be in the aircraft when operated.
NATIONALITY AND REGISTRATION MARKS N 933TG		AIRCRAFT SERIAL NO. 54376
MANUFACTURER AND MANUFACTURER'S DESIGNATION OF AIRCRAFT BELL HELICOPTER TEXTRON CANADA 407		
ICAO Aircraft Address Code: 53171176		
ISSUED TO	BUCKEYE LEASING LLC 1214 HAWN AVE SHREVEPORT LA 71107-6612	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.
	LLC	
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.		 U.S. Department of Transportation Federal Aviation Administration
DATE OF ISSUE July 5, 2013 EXPIRATION DATE July 31, 2025	 ADMINISTRATOR	

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

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 944TC		AIRCRAFT SERIAL NO. 54377
MANUFACTURER AND MANUFACTURER'S DESIGNATION OF AIRCRAFT BELL HELICOPTER TEXTRON CANADA 407		
ICAO Aircraft Address Code: 53216664		
I S S U E D T O	METRO AVIATION INC 1214 HAWN AVE SHREVEPORT LA 71107-6612	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	
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 July 17, 2013 EXPIRATION DATE July 31, 2025		 U.S. Department of Transportation Federal Aviation Administration

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

7110786612 0070

REGISTRATION NOT TRANSFERABLE

REGISTRATION NOT TRANSFERABLE

UNITED STATES OF AMERICA DEPARTMENT OF TRANSPORTATION - FEDERAL AVIATION ADMINISTRATION CERTIFICATE OF AIRCRAFT REGISTRATION		This certificate must be in the aircraft when operated.
NATIONALITY AND REGISTRATION MARKS N 955TG		AIRCRAFT SERIAL NO. 54379
MANUFACTURER AND MANUFACTURER'S DESIGNATION OF AIRCRAFT BELL HELICOPTER TEXTRON CANADA 407		
ICAO Aircraft Address Code: 53244352		
I S S U E T O	METRO AVIATION INC 1214 HAWN AVE SHREVEPORT LA 71107-6612 Corporation	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.
	 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 July 17, 2013 EXPIRATION DATE July 31, 2025		<i>Steve D. [Signature]</i> ADMINISTRATOR

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

7110738612 C070

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

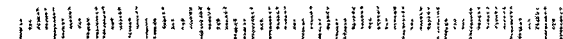
AC Form 8050-3 (10/2010) Supersedes previous edition

955TG

TO: METRO AVIATION INC
1214 HAWN AVE
SHREVEPORT LA 71107-6612

US POSTAGE

\$ 000.53



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

1 NATIONALITY AND REGISTRATION MARKS N911TG	2 MANUFACTURER AND MODEL AIRBUS HELICOPTERS INC. MBB-BK 117 C-2	3 AIRCRAFT SERIAL NUMBER 9855	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, preventive maintenance, and alterations are performed per the applicable Federal Aviation Regulations and the aircraft is registered in the United States.			
DATE OF ISSUANCE R- 20/Jul/2020	FAA REPRESENTATIVE //Signed by//Milton Kimmell Geltz 06:34 PM, May 18, 2021		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 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: <div style="font-size: 2em; margin-top: 20px;">NONE</div>			
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.			

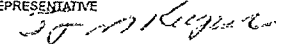
UNITED STATES OF AMERICA
DEPARTMENT OF TRANSPORTATION-FEDERAL AVIATION ADMINISTRATION
STANDARD AIRWORTHINESS CERTIFICATE

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.

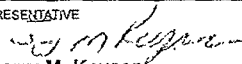
UNITED STATES OF AMERICA
DEPARTMENT OF TRANSPORTATION-FEDERAL AVIATION ADMINISTRATION
STANDARD AIRWORTHINESS CERTIFICATE

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 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.

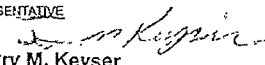
UNITED STATES OF AMERICA
DEPARTMENT OF TRANSPORTATION-FEDERAL AVIATION ADMINISTRATION
STANDARD AIRWORTHINESS CERTIFICATE

1 NATIONALITY AND REGISTRATION MARKS	2 MANUFACTURER AND MODEL	3 AIRCRAFT SERIAL NUMBER	4 CATEGORY
N944TG	Bell Helicopter Textron Canada Ltd 407	54377	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) Dec. 05, 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.

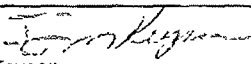
UNITED STATES OF AMERICA
DEPARTMENT OF TRANSPORTATION-FEDERAL AVIATION ADMINISTRATION
STANDARD AIRWORTHINESS CERTIFICATE

1 NATIONALITY AND REGISTRATION MARKS	2 MANUFACTURER AND MODEL	3 AIRCRAFT SERIAL NUMBER	4 CATEGORY
N955TG	Bell Helicopter Textron Canada Ltd 407	54379	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) Dec. 12, 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.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/18/2022

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 Management Services Cayman, Ltd. 23 Lime Tree Bay Ave., Building 4, 2 Fl P.O. Box 1051 GT Grand Cayman, KY1-1102 Cayman Islands	CONTACT NAME: Pierre Amparado PHONE (A/C, No, Ext): 345-914-5718 E-MAIL ADDRESS: PIERRE.AMPARADO@MARSH.COM	FAX (A/C, No): 345-914-7849
	INSURER(S) AFFORDING COVERAGE INSURER A: FLORIDA HEALTH SCIENCES CENTER, LTD.	
INSURED Florida Health Sciences Center, Inc. DBA Tampa General Hospital One Tampa General Circle Tampa, FL 33606	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
------------------	----------------------------	-------------------------

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input checked="" 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:			FHSSIR202223-13	06/01/2022	06/01/2023	EACH OCCURRENCE \$1,000,000
			DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000				
			MED EXP (Any one person) \$10,000				
			PERSONAL & ADV INJURY \$1,000,000				
			GENERAL AGGREGATE \$3,000,000				
							PRODUCTS-COMP/OP AGG \$3,000,000
							\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						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 <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$
							AGGREGATE \$
							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	MEDICAL PROFESSIONAL LIABILITY- CLAIMS MADE			FHSSIR202223-13	06/01/2022	06/01/2023	PER LOSS EVENT \$1,000,000 ANNUAL AGGREGATE \$3,000,000

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.

(SUBJECT TO ANY APPLICABLE RETENTIONS AND/OR DEDUCTIBLES).

CERTIFICATE HOLDER Pinellas County EMS 12490 Ulmerton Rd Largo, FL 33774	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 <i>Marsh Management Services Cayman, Ltd</i>
---	--

© 1988-2015 ACORD CORPORATION. All rights reserved.



3353 Peachtree Road, N.E., Suite 1000
Atlanta, GA 30326
Telephone: (404) 946-1400

Certificate of Insurance

(sometimes referred to herein as "this Certificate")

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).

This is to certify to:

FLORIDA HEALTH SCIENCES, A FLORIDA
NON-PROFIT CORPORATION DBA TAMPA
GENERAL HOSPITAL AND HILLSBOROUGH
COUNTY EMERGENCY MEDICAL PLANNING
COUNCIL AND BOARD OF COUNTY
COMMISSIONERS
P. O. BOX 1289
TAMPA, FL 33601

(sometimes referred to herein as "the Certificate Holder(s)")

that the Insurers referred to below, EACH FOR ITS OWN PART AND NOT ONE FOR THE OTHER, are providing the following insurance:

Named Insured(s):	Metro Aviation, Inc. and as endorsed (hereinafter, the "Named Insured(s)")		
Policy Address:	PO BOX 7008 SHREVEPORT, LA 71137 (hereinafter, the "Named Insured(s) Address")		
Policy Period:	September 1, 2022 to September 1, 2023 on both dates at 12:01 A.M. local standard time at the address of the Named Insured(s) (hereinafter, the "Policy Period")		
Territory:	Worldwide		
Insurers:	SEE ATTACHED SCHEDULE OF INSURERS		
Description of Insurance Coverage(s):	Aircraft Hull Insurance: All Risks, Ground and In-flight Aircraft Liability Insurance, including Passenger Liability, Third Party Liability and War Risks Liability as per AVN52E. Aviation Commercial General Liability Insurance including Premises, Products (Completed Operations, Fire Legal Liability and Hangarkeepers Legal Liability.		
Limit(s) of Liability:	Aircraft Liability: Combined Single Limit for Bodily Injury and Property Damage of \$50,000,000 each occurrence and in the aggregate where applicable. War Risks Liability, as per AVN52E \$50,000,000 each occurrence. Personal injury sub-limited to \$25,000,000 each occurrence and in the annual aggregate. Aviation Commercial General Liability: Combined Single Limit for Bodily Injury and Property Damage of \$50,000,000 each occurrence and in the annual aggregate with respects to Products/Completed Operations. Including Hangarkeepers Legal Liability \$50,000,000 each aircraft, each loss and Fire Legal Liability \$1,000,000 any one fire.		
Description of Equipment to which this Certificate applies:	<u>Registration (MSN)</u>	<u>Make / Model</u>	<u>Agreed Value</u>
	N922TG (SN 54375)	Bell 407	\$3,500,000
	N933TG (SN 54376)	Bell 407	\$3,500,000
	N944TG (SN 54377)	Bell 407	\$3,500,000
	N955TG (SN 54379)	Bell 407	\$3,500,000
	N911TG (SN 7506)	BK 117 C1	\$3,000,000

Deductible(s): Not In Motion: \$50,000 / In Motion: 10% of Insured value;
Subject to a Maximum of \$100,000 each and every loss for aircraft with Insured value less than \$2,000,000 and



SPECIAL PROVISIONS:

Solely as respects: (i) the Insurance Coverage(s) noted above, (ii) the Contract(s) and only to the extent of the insurance requirements and/or the Named Insured(s)' indemnity obligations under the Contract(s), subject to all of the Policy(ies)' Terms and Conditions applying, (iii) the Equipment (if applicable); and (iv) the aviation operations of the Named Insured(s), the following provision(s) apply(ies):

Solely as respects aviation liability insurance: The Certificate Holder is/are included as Additional Insured(s) on liability coverage(s), but only with respects to operations of the Named Insured.

As respects hull coverages: The Company hereby waives its right of subrogation against the Certificate Holder(s) as respects loss or damage arising under Physical Damage coverage as set forth under the policy.

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.

September 1, 2022

BY: _____



3353 Peachtree Road, N.E., Suite 1000
Atlanta, GA 30326
Telephone: (404) 946-1400

Certificate of Insurance
(sometimes referred to herein as "this Certificate")

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).

This is to certify to:

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

(sometimes referred to herein as "the Certificate Holder(s)")

that the insurers referred to below, EACH FOR ITS OWN PART AND NOT ONE FOR THE OTHER, are providing the following insurance:

Named Insured(s):	Metro Aviation, Inc. and as endorsed (hereinafter, the "Named Insured(s)")
Policy Address:	PO BOX 7008 SHREVEPORT, LA 71137 (hereinafter, the "Named Insured(s) Address")
Policy Period:	September 1, 2022 to September 1, 2023 on both dates at 12:01 A.M. local standard time at the address of the Named Insured(s) (hereinafter, the "Policy Period")
Territory:	Worldwide
Insurers:	SEE ATTACHED SCHEDULE OF INSURERS
Description of Insurance Coverage(s):	Aircraft Hull Insurance: All Risks, Ground and In-flight Aircraft Liability Insurance, including Passenger Liability, Third Party Liability and War Risks Liability as per AVN52E. Aviation Commercial General Liability Insurance including Premises, Products (Completed Operations, Fire Legal Liability and Hangarkeepers Legal Liability.
Limit(s) of Liability:	Aircraft Liability: Combined Single Limit for Bodily Injury and Property Damage of \$50,000,000 each occurrence and in the aggregate where applicable. War Risks Liability, as per AVN52E \$50,000,000 each occurrence. Personal injury sub-limited to \$25,000,000 each occurrence and in the annual aggregate. Aviation Commercial General Liability: Combined Single Limit for Bodily Injury and Property Damage of each occurrence and in the annual aggregate with respects to Products/Completed Operations. Including Hangarkeepers Legal Liability each aircraft, each loss and Fire Legal Liability \$1,000,000 any one fire.

Description of Equipment to
which this Certificate applies:

<u>Registration (MSN)</u>	<u>Make / Model</u>	<u>Agreed Value</u>
N922TG (SN 54375)	Bell 407	\$
N933TG (SN 54376)	Bell 407	\$
N944TG (SN 54377)	Bell 407	\$
N955TG (SN 54379)	Bell 407	AS HELD ON FILE
N911TG (SN 7506)	BK 117 C1	\$
N630AH (SN 9855)	EC-145C2e	\$



Named Insured(s): Metro Aviation, Inc. and as endorsed

Policy Period(s): September 1, 2022 to September 1, 2023 on both dates at 12:01 A.M. Local Standard Time at the address of the Named Insured(s)

Insurance Coverage(s): Aviation Liability and Hull Insurance

SCHEDULE OF INSURERS

INSURERS	POLICY NUMBER(S)
Starr Indemnity and Liability Company through Starr Aviation	SASCIOM60005722-13 SASICOM60035022-12
Falls Lake National Insurance Company (through Air Centurion Insurance Services, Inc.)	ACQG FL-00080-07 ACQG FL-00080-07-F
National Union Fire Insurance Company of Pittsburgh, PA (through AIG Aerospace Insurance Services, Inc.	FQ 013468509-02
Allianz Global Corporate & Specialty	A2GA000047522AM
XL Specialty Insurance Company	UA00017490AV22A
Great American Insurance Company	QSE426958-03

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)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/3/2022

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 Alliant Insurance Services, LLC 5444 Westheimer Suite 900 Houston TX 77056	CONTACT NAME: Credentialing Department PHONE (A/C, No, Ext): 800-342-2898 E-MAIL ADDRESS: claimhistoryrequest@teamhealth.com FAX (A/C, No): INSURER(S) AFFORDING COVERAGE INSURER A: Allied World Surplus Lines Ins INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	NAIC # 24319
--	---	------------------------

COVERAGES **CERTIFICATE NUMBER:** 1228739983 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <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"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <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 <input type="checkbox"/> 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 type="checkbox"/> N/A						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT \$ \$ \$
A	Medical Professional Liability (Claims Made Coverage)			03133678	6/1/2022	6/1/2024	Incident Aggregate \$250,000 \$750,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The policy (ies) provides coverage for all medical professionals employed or contracted by the above insured only for medical professional services provided for or on behalf of the insured.
LEFEBRE, JULIANA, DO

CERTIFICATE HOLDER AEROMED - MCC 1 TAMPA GENERAL CIR TAMPA FL 33606-3571	CANCELLATION 30 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
--	---



**Federal Aviation
Administration**

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

Personal Information:

SARA ANNE AKROYD

7703 MONARCH HILL WAY
APOLLO BEACH FL 33572-8114

County: HILLSBOROUGH

Country: USA

Medical Information:

Medical Class: Second **Medical Date:** 3/2022

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

Certificate Information:

Certificate: COMMERCIAL PILOT

Date of Issue: 5/29/2019

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:

MARK GERARD BOUDREAU

14327 MAGNOLIA RIDGE LOOP
WINTER GARDEN FL 34787-5362

County: ORANGE

Country: USA

Medical Information:

Medical Class: Second **Medical Date:** 12/2021

NOT VALID FOR ANY CLASS AFTER 12/31/2022.

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:

KENNETH WAYNE DASCHER JR

3443 CLEMONS RD
PLANT CITY FL 33566-4649
County: HILLSBOROUGH
Country: USA

Medical Information:

No Medical Information Available

Certificate Information:

Certificate: AIRLINE TRANSPORT PILOT

Date of Issue: 11/9/2016

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:

DAVID MICHAEL DENNISON

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

Medical Information:

Medical Class: Second **Medical Date:** 1/2022
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:

TED OWEN EDGAR

1009 GREENWAY TER
SEBRING FL 33876-7643

County: HIGHLANDS

Country: USA

Medical Information:

Medical Class: Second **Medical Date:** 12/2021

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:

WILLIAM THOMAS HEBER

7166 SAMUEL IVY DR

TAMPA FL 33619-6985

County: HILLSBOROUGH

Country: USA

Medical Information:

Medical Class: Second **Medical Date:** 1/2022

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

1117 GLENWOOD AVE
SEBRING FL 33870-3048
County: HIGHLANDS
Country: USA

Medical Information:
Medical Class: Second **Medical Date:** 12/2021
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:

PATRICK LEE KERANEN

2118 EDGEWATER CIR
WINTER HAVEN FL 33880-4646

County: POLK

Country: USA

Medical Information:

Medical Class: First **Medical Date:** 12/2021

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:

JOHN DAVID LAWSON

161 WOODCREEK DR N
SAFETY HARBOR FL 34695-5508
County: PINELLAS
Country: USA

Medical Information:

Medical Class: Second **Medical Date:** 8/2022
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:

STEPHEN GEORGES A LINARES

1782 SCARLETT AVE
NORTH PORT FL 34289-9478

County: SARASOTA

Country: USA

Medical Information:

Medical Class: Second **Medical Date:** 2/2022

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

2702 BELLWOOD DR
BRANDON FL 33511-7112
County: HILLSBOROUGH
Country: USA

Medical Information:

Medical Class: Second **Medical Date:** 8/2022
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:** 5/2022

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:

JAMES ODELL ROBERTSON JR

3152 NW GIRL SCOUT RD
ARCADIA FL 34266-8264

County: DESOTO

Country: USA

Medical Information:

Medical Class: Second **Medical Date:** 3/2022

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:

STUART KELLY OSHANNON

Airman opted-out of releasing address

Medical Information:

Medical Class: Second **Medical Date:** 2/2022

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:

SCOTT RICHARD THOMPSON

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

Medical Information:

Medical Class: Second **Medical Date:** 9/2022
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:

RICHARD LARRY VANDER WERF

2150 MEADOWBROOK DR

LUTZ FL 33558-8457

County: PASCO

Country: USA

Medical Information:

Medical Class: Second **Medical Date:** 6/2022

MUST HAVE AVAILABLE GLASSES FOR NEAR VISION.

NOT VALID FOR ANY CLASS AFTER 06/30/2023.

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.