

September 21, 2022

Mr. Craig A. Queen, MBA
EMS Credentialing Coordinator
Pinellas County EMS and Fire Administration
12490 Ulmerton Rd. Suite 134
Largo, FL 33774

Dear Mr. Queen,

Enclosed is the renewal application for Certificate of Public Convenience and Necessity for ALS Helicopter Ambulance Service within Pinellas County for Rocky Mountain Holdings, LLC d/b/a/ Bayflite.

Please let me know if you need any clarification, have questions, or need additional information. I can be reached at 727-505-9957 or at scott.betz@airmethods.com. I appreciate your assistance in processing this application.

Sincerely,

A handwritten signature in black ink, appearing to read "SB", with a long horizontal stroke extending to the right.

Scott Betz
Central Florida Area Manager
Southeast Region
Air Methods Corporation.
scott.betz@airmethods.com
727-505-9957

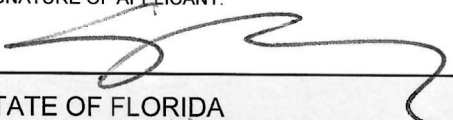



APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

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: Rocky Mountain Holdings, LLC DBA Bayflite		HOURS OF OPERATION: <input checked="" type="checkbox"/> 24-HOUR A.M. to <input type="checkbox"/> A.M. / <input type="checkbox"/> P.M.
ADDRESS 1: 5500 Quebec Street		PHONE: 303-792-7400
ADDRESS 2:		FAX: 813-200-1399
CITY, STATE, ZIP CODE: Greenwood Village, CO 80111		
OFFICER/DIRECTOR NAME & TITLE: See Attached	PHONE NUMBER & E-MAIL:	
VICE OFFICER/DIRECTOR NAME & TITLE: See Attached	PHONE NUMBER & E-MAIL:	
BUSINESS HOURS POINT-OF-CONTACT: Scott Betz- Area Manager	PHONE NUMBER & E-MAIL: 727-505-9957 scott.betz@airmethods.com	
AFTER HOURS POINT-OF-CONTACT: Scott Betz- Area Manager	PHONE NUMBER & E-MAIL: 727-505-9957 scott.betz@airmethods.com	
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: 9/20/2022
STATE OF FLORIDA COUNTY OF <u>Hernando</u>		
Subscribed and sworn to (or affirmed) before me this <u>20th of Sept.</u> by <u>Scott Betz</u> , who is/are personally known to me or has/have produced _____ as identification.		
(SEAL) 		TINA L. JAMES Commission # GG 980957 Expires August 23, 2024 Bonded Thru Budget Notary Services
(Name of Notary typed, printed or Form stamped)		

Rocky Mountain Holdings, LLC

Officers	Title	Address	Phone
Christopher Myers	President	5500 S. Quebec Street, Suite 300 Greenwood Village, CO 80111	(303)792-7400
Jonathan Cook	Vice President	5500 S. Quebec Street, Suite 300 Greenwood Village, CO 80111	(303)792-7400
Sharon J. Keck	Assistant Secretary	5500 S. Quebec Street, Suite 300 Greenwood Village, CO 80111	(303)792-7400
David Portugal	CFO	5500 S. Quebec Street, Suite 300 Greenwood Village, CO 80111	(303)792-7400
Koreen Muthiah	Vice President	5500 S. Quebec Street, Suite 300 Greenwood Village, CO 80111	(303)792-7400
Christopher Brady	Secretary	5500 S. Quebec Street, Suite 300 Greenwood Village, CO 80111	(303)792-7400



Helicopter Roster 2022

Name of Service: Bayflite

Date: 9/14/2022 Page: 1 of 1

*You may use this form or attach a company roster.

Aircraft	Model	FAA License #
Airbus - Eurocopter	EC135P2+ 2008	N163BF
Airbus - Eurocopter	EC135P2+ 2008	N527BF
Airbus - Eurocopter	EC135P2+ 2007	N911BF

2022 Air Methods Flight Personnel

Name	Position	EMTP License #	EXP	RN License #	EXP
BURKHOLDER, VALERY	FLIGHT PARAMEDIC	PMD534684	12/1/2022		
BULL, MICHAEL	FLIGHT PARAMEDIC	PMD511999	12/1/2022		
CHESTER, DEAN	FLIGHT PARAMEDIC	PMD6372	12/1/2022		
COOK, RYAN	FLIGHT NURSE	PMD537996	12/1/2022	RN9353120	7/31/2024
JOHNSON, MATT	FLIGHT NURSE				
DROUIN, BETSY	FLIGHT NURSE	PND515552	12/1/2022	RN9356713	7/31/2024
YOUNG, PAMELA	FLIGHT NURSE			RN9326903	4/30/2023
SANDERS, CHERYL	FLIGHT NURSE			RN9294562	4/30/2023
EVERSON, JAMES	FLIGHT PARAMEDIC	PMD523470	12/1/2022		
JOHNSON, CHRIS	FLIGHT PARAMEDIC	PMD520564	12/1/2022		
FETTERMAN, SCOTT	FLIGHT PARAMEDIC	PMD514798	12/1/2022	RN9477091	4/30/2023
DUKES, BRANDON	FLIGHT PARAMEDIC	PMD537046	12/1/2022		
FRY, WILLIAM J	FLIGHT PARAMEDIC	PMD18919	12/1/2022		
GLADIEUX, ALAN	FLIGHT NURSE	PMD524585	12/1/2022	RN9331877	4/30/2023
GONZALEZ, TAMMY M	FLIGHT NURSE	PMD10824	12/1/2022	RN2003972	4/30/2024
MATTINGLEY, STEVE	FLIGHT PARAMEDIC	PMD536971	12/1/2022		
WEBSTER, JOSHUA	FLIGHT PARAMEDIC	PMD526658	12/1/2022		
SOX, MATTHEW	FLIGHT PARAMEDIC	PMD519304	12/1/2022		
MONTE, ALEXANDER	FLIGHT NURSE	PMD17153	12/1/2022	RN9243694	4/30/2023
KANE, AMY	FLIGHT NURSE	PMD531748	12/1/2022	RN9217210	4/30/2024
REID, KATHRYN	FLIGHT NURSE	PMD511720	12/1/2022	RN9223603	7/31/2024
TURNER, DAKOTA	FLIGHT NURSE	PMD537745	12/1/2022	RN9480453	4/30/2023
SHANE, DAVID	FLIGHT NURSE	PMD10935	12/1/2022	RN2163452	4/30/2023
SWARTZ, BRIAN	FLIGHT PARAMEDIC	PMD14735	12/1/2022		
SCHAFER, MICHAEL	FLIGHT PARAMEDIC	PMD526041	12/1/2022		
LAFEMINA, JIM	FLIGHT PARAMEDIC	PMD527161	12/1/2022		
MORTON, BILL	FLIGHT PARAMEDIC	PMD532100	12/1/2022		
SMITH, LAURA	FLIGHT NURSE	PMD532341	12/1/2022	RN9383641	4/30/2024
STINES, BRIAN	FLIGHT NURSE			RN9336125	4/30/2023

2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M95000000020

Entity Name: ROCKY MOUNTAIN HOLDINGS, L.L.C.

Current Principal Place of Business:

5500 SOUTH QUEBEC STREET
GREENWOOD VILLAGE, CO 80111

Current Mailing Address:

5500 SOUTH QUEBEC STREET
GREENWOOD VILLAGE, CO 80111 US

FEI Number: 87-0533822

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	VP	Title	MANAGER
Name	COOK, JONATHAN	Name	AIR METHODS CORPORATION
Address	5500 SOUTH QUEBEC STREET	Address	5500 SOUTH QUEBEC STREET
City-State-Zip:	GREENWOOD VILLAGE CO 80111	City-State-Zip:	GREENWOOD VILLAGE CO 80111

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: COOK, JONATHAN

VICE PRESIDENT

03/24/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

REGISTRATION# G22000067935

Fictitious Name to be Registered: BAYFLITE

Mailing Address of Business: 5500 S QUEBEC ST, SUITE 300
ATTN: TAX DEPT
GREENWOOD VILLAGE, CO 80111

Florida County of Principal Place of Business: MULTIPLE

FEI Number: 87-0533822

FILED
Jun 02, 2022
Secretary of State

Owner(s) of Fictitious Name:

ROCKY MOUNTAIN HOLDINGS, LLC
5500 S QUEBEC ST, SUITE 300
GREENWOOD VILLAGE, CO 80111
Florida Document Number: M95000000020
FEI Number: 87-0533822

I the undersigned, being an owner in the above fictitious name, certify that the information indicated on this form is true and accurate. I further certify that the fictitious name to be registered has been advertised at least once in a newspaper as defined in Chapter 50, Florida Statutes, in the county where the principal place of business is located. I understand that the electronic signature below shall have the same legal effect as if made under oath and I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, Florida Statutes.

JODY M LANDA

06/02/2022

Electronic Signature(s)

Date

Certificate of Status Requested (X)

Certified Copy Requested (X)

State of Florida

Department of State

I certify from the records of this office that BAYFLITE is a Fictitious Name registered with the Department of State on June 2, 2022.

The Registration Number of this Fictitious Name is G22000067935.

I further certify that said Fictitious Name Registration is active.

I further certify that this office began filing Fictitious Name Registrations on January 1, 1991, pursuant to Section 865.09, Florida Statutes.

*Given under my hand and the Great Seal of
Florida, at Tallahassee, the Capital, this the Third
day of June, 2022*




Secretary of State

Willis Towers Watson Northeast, Inc.
d/b/a Willis Aerospace

200 Liberty Street, 7th Floor
 New York, NY 10281

CERTIFICATE OF INSURANCE

This is To Certify To:

Pinellas County
 12490 Ulmerton Road
 Largo, FL 33774

(Sometimes referred to herein as the Certificate Holder(s))

That the insurers listed, each for their own part, and not one for the other, are providing the following insurance:

NAMED INSURED	Air Methods Corporation, et al, and Enchantment Aviation, Inc., dba Southwest Air Ambulance dba Southwest Med Evac, American Securities entities, Air Methods Telemedicine, LLC, AirMD, LLC dba LifeSave dba LifeSave Kupon and/or any associated, subsidiary, affiliated, managed, owned or controlled companies or entities appearing above, or any company or entity for whom the Insured has agreed to be responsible for.
ADDRESS	5500 S. Quebec St., Suite 300 Greenwood Village, CO 80111
COVERAGES	Aircraft Hull and Liability and Aviation General Liability Insurance
TERRITORY	Worldwide
POLICY PERIOD	July 1, 2022 to July 1, 2023 on both dates at 12:01 AM LST
EQUIPMENT	Any and all aircraft operated by the Named Insured including the aircraft specifically listed on the Fleet and/or Equipment Schedule below.
INSURERS	National Union Fire Insurance Company of Pittsburgh, PA through AIG Aerospace Insurance Services, Inc. and other US and Lloyds Companies – 100% (For more detailed SECURITY (the “Insurers”) information, please see Addendum 0001)

LIMITS OF LIABILITY	
Aircraft Liability and Aviation General Liability	
Combined Single Limit for Bodily Injury, Personal Injury and/or Property Damage:	USD \$50,000,000 per occurrence. Personal Injury is sub limited to USD \$25,000,000 any offense and in the aggregate.
including AVN52 (War Liability), the sublimit is:	USD \$50,000,000 per occurrence and in the aggregate, except with respect to passengers which the full policy limit to apply (this limit is included within the policy limit and not in addition to).
Additional Coverages:	NA

SPECIAL PROVISIONS

Subject always to the scope of the policies noted above and all the policies' declarations, insuring agreements, definitions, terms, conditions, limitations, exclusions, deductibles, warranties and endorsements thereof remaining paramount: **Solely as respects: (i) The Coverage(s) noted above; (ii) the Contract(s) (and then only to the extent of the Named Insured's obligation to provide insurance under the terms of the Contract(s)); and (iii) the operations of the Named Insured; the following provision(s) apply(ies):**

The use of the terms "Additional Insured" / "Additional Insureds", when used in the context of coverages other than Liability Coverage(s), are solely for the purpose of identifying parties and does not, by virtue of the use of these terms, convey any benefits or rights not provided for under the policies.

Solely as respects Liability Coverage(s) and Solely when Required by Contract: Certificate Holder(s) is/are included as Additional Insureds (collectively, the Additional Insureds, individually, an Additional Insured) as their respective interests may appear, warranted no operational interest. The insurance extended by this policy shall not apply to, and the Certificate Holder shall not be insured for bodily injury or property damage which arises from the design, manufacture, modification, repair, sale, handling or servicing of the aircraft by the Certificate Holder.

Fleet and/or Equipment Schedule
NA

Additional Notes
Named Insured includes: Rocky Mountain Holdings LLC dba Air Life

As respects each Certificate Holder(s) respective interests, this Certificate of Insurance shall automatically terminate upon the earlier of: (i) Policy expiration; (ii) Cancellation of the policies prior to policy expiration, as notified to the Certificate



Holder(s) as required herein; (iii) agreed termination of the Contract(s); and/or in the case of physical damage insurance relating to those Certificate Holder(s) who have an insurable interest in the Equipment as of the date of issuance of this Certificate of Insurance: agreed termination of the Named Insured's and/or the Certificate Holder(s) insurable interest in the Equipment

This Certificate of Insurance is issued as summary of the insurances under the policies noted above and confers no rights upon the Certificate Holders as regards the insurances other than those provided by the policies. The undersigned has been authorized by the above insurers to issue this certificate on their behalf and is not an insurer and has no liability of any sort under the above policies as an insurer as a result of this certification.

Date of Issue: July 1, 2022

A handwritten signature in blue ink, reading "Hilary Giroux".

Hilary Giroux, Authorized Representative
Willis Towers Watson Northeast, Inc. - Aerospace

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

09/16/2022

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 Willis Towers Watson Insurance Services West, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	CONTACT NAME: Willis Towers Watson Certificate Center PHONE (A/C, No, Ext): 1-877-945-7378 FAX (A/C, No): 1-888-467-2378 E-MAIL ADDRESS: certificates@willis.com																					
INSURED Air Methods Corporation, Tri-State Care Flight, LLC and/or any associated, subsidiary, affiliated, managed, owned, or controlled companies or entities thereof 5500 S. Quebec St., Ste #300 Greenwood Village, CO 80111	<table border="1"><thead><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A:</td><td>Lloyd's</td><td>B7874</td></tr><tr><td>INSURER B:</td><td>Illinois Union Insurance Company</td><td>27960</td></tr><tr><td>INSURER C:</td><td></td><td></td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Lloyd's	B7874	INSURER B:	Illinois Union Insurance Company	27960	INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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INSURER E:																						
INSURER F:																						

COVERAGES**CERTIFICATE NUMBER:** W25972977**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 <input type="checkbox"/> OTHER:						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> 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 <input checked="" type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Medical Prof., General Liab. & Prod./Com. Ops Liab			W1B17E220701	04/27/2022	04/27/2023	Each Claim \$6,000,000 Aggregate \$10,000,000 Each Claim Deductible \$500,000

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

SEE ATTACHED

CERTIFICATE HOLDER**CANCELLATION**

Air Methods Corporation 5500 S. Quebec St. Greenwood Village, CO 80111	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
-------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY Willis Towers Watson Insurance Services West, Inc.		NAMED INSURED Air Methods Corporation, Tri-State Care Flight, LLC and/or any associated, subsidiary, affiliated, managed, owned, or controlled companies or entities thereof 5500 S. Quebec St., Ste #300 Greenwood Village, CO 80111	
POLICY NUMBER See Page 1		NAIC CODE See Page 1	
CARRIER See Page 1		EFFECTIVE DATE: See Page 1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

INSURER AFFORDING COVERAGE: Illinois Union Insurance Company

NAIC#: 27960

POLICY NUMBER: XFLG7252066A002 **EFF DATE:** 04/27/2022 **EXP DATE:** 04/27/2023

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Excess Med. Professional	Each Claim	\$11,000,000
	Aggregate	\$11,000,000

September 14, 2022

Mr. Craig A. Queen, MBA
EMS Credentialing Coordinator
Pinellas County EMS and Fire Administration
12490 Ulmerton Rd. Suite 134
Largo, FL 33774

Dear Mr. Queen,

The following fee schedule is posted here to comply with county COPCN requirements. However, the rates do not represent what the vast majority of patients ultimately pay. We are a network provider with Blue Cross Blue Shield of Florida, Medicare, Medicaid, and other Managed Care Organizations. For each of these contractual arrangements, the reimbursement is below the rates set below. In addition, any patient responsibility will be determined by the applicable health insurer.

- Liftoff: \$45,929.83
- Loaded Mileage: \$552.03/mile
- Per transport Cap: \$79,999.00

Sincerely,

Scott Betz
Central Florida Area Manager
Southeast Region
Air Methods Corporation.
scott.betz@airmethods.com
727-505-9957

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

Rocky Mountain Holdings, L.L.C. d/b/a Bayflite, 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 Egus
Chairman, Board of County Commissioners

Date: 12/7/2021

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

