



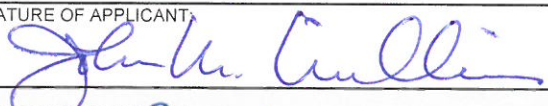
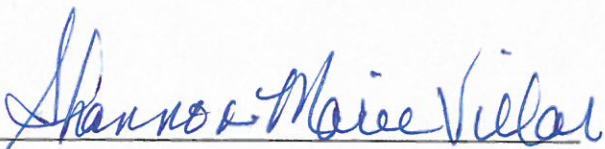
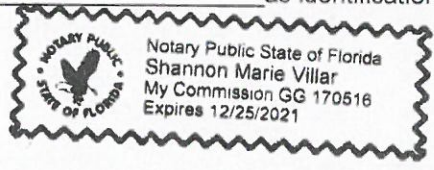
APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND

NECESSITY July 1, 2018 – June 30, 2019

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: WHEELCHAIR TRANSPORT SERVICE		HOURS OF OPERATION: <input checked="" type="checkbox"/> 24-HOUR A.M. to <input type="checkbox"/> A.M. / <input type="checkbox"/> P.M.
ADDRESS 1: 14561 58TH STREET N		PHONE: 727-586-2811
ADDRESS 2:		FAX: 727-218-1045
CITY, STATE, ZIP CODE: CLEARWATER, FL 33760		
OFFICER/DIRECTOR NAME & TITLE: JOHN WILLIAM PRESIDENT	PHONE NUMBER & E-MAIL: 727-218-1011 JOHN@WHEELCHAIRTRANSPORT.C	
VICE OFFICER/DIRECTOR NAME & TITLE: GEORGE WILLIAMS VICE PRESIDENT	PHONE NUMBER & E-MAIL: 727-218-1010 BUD@WHEELCHAIRTRANSPORT.C	
BUSINESS HOURS POINT-OF-CONTACT: 24 HOURS	PHONE NUMBER & E-MAIL: 727-586-2811 ANA@WHEELCHAIRTRANSPORT.C	
AFTER HOURS POINT-OF-CONTACT: LISA RUE	PHONE NUMBER & E-MAIL: 727-586-2811 LISA@WHEELCHAIRTRANSPORT.C	
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: April 6, 2018
STATE OF FLORIDA COUNTY OF Pinellas		
Subscribed and sworn to (or affirmed) before me this 6th April by John Williams , who is/are personally known to me or has/have produced _____ as identification.		
(SEAL) 		
(Name of Notary typed, printed or Form stamped)		



WHEELCHAIR/STRETCHER SERVICE
RECORD KEEPING VERIFICATION FORM

Pinellas County Rules and Regulations, as Amended

Name of Service: Wheelchair Transport Service

Date: 5/3/18

Section	Inspection Items	Initials
8.1	Record all telephone lines when used for requests for transport, including cell phones.*	SV
	*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.	SV
8.1	Written record contains:	
	• Date Call Received	SV
	• Time Call Received	SV
	• Pick-up & Destination Address	SV
	• Arrival Time at Destination	SV
	• Client's Name	SV
	• Person Ordering Transport	SV
	• Telephone Number of Caller (*if applicable)	SV
8.1	Audio dispatch records shall be kept for a minimum of six (6) months.	SV
8.1	Written or electronic dispatch shall be kept for a minimum of three (3) years.	SV
8.1	Dispatch audio & written/electronic records shall be available for inspection.	SV



WHEELCHAIR VEHICLE ROSTER
Medical Control Board Rule: EMS 1-88 Section 3

Name of Service: WHEELCHAIR TRANSPORT SERVICE Page: 1 of 8

Provide Unit #(s), 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 #	Florida Vehicle Tag #	Vehicle Identification Number (VIN)	C1 - Client Compartment Observation Mirror (✓)	C2 - Passenger Floor Properly Maintained (✓)	C3 - Fire Extinguisher (Min: 2A:10B:C) (✓)	C4 - Operable Interior Lights (✓)	C5 - Free of Dent / Rust that Interferes w/ Safe Operation (✓)	C6 - Equipment in Patient Compartment Safely Secured (✓)	C7 - Doors, Latches and Handles in Working Properly (✓)	C8 - Patient Lift Platform working Properly (✓)	C9 - Two Positive Means of Securing Locking Wheelchair (✓)	C10 - Properly Designed Passenger / Patient Belts and or Straps (✓)	C11 - Minimum 50" Floor to Ceiling Ht in Patient Compartment (✓)	C12 - Two-way Radio for Communication with Base Station (✓)	Exterior Lights - High, Low, Turns, Brake, Tails, Backup (✓)
245	N197ZP	1FTNS24W79DA84592													
246	253XNR	1FTNS24W09DA88631													
248	251XNR	1FTNE24W99DA83368													
249	250XNR	1FTNE24W99DA83371													
250	249XNR	1FTNE24W99DA83404													
252	CWAJ64	1FTNE24W59DA83402													
253	247XNR	1FTNE24W09DA83405													
254	279TDR	1FTNE24W39DA83401													
255	278TDR	1FTNE24W09DA83372													
256	280TDR	1FTNE24W89DA90828													
258	982XNN	1FTNS2EW9ADA68977													
259	ETMT40	1FTNS2EW7ADA78391													



WHEELCHAIR VEHICLE ROSTER
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260	337MYQ	1FTNE25WXBDA04357													
261	336MYQ	1FTNE2EWXBDA02155													
262	EEWR23	1FTNE2EW8BDA04356													
263	EEWR22	1FTNE2EW7BDA02162													
264	HZED96	1FTNE2EW3BDA22330													
266	386KNS	1FTNE2EW7BDA22329													
267	335MYQ	1FTNE2EW5BDA22331													
282	HZED94	1FTNE24W16DA32197													
286	Y82DFZ	2C4RDGCG1DR552079													
289	332MYQ	2C4RDGCG4DR580958													
290	Y83DFZ	2C4RDGCG9DR520576													
291	Y84DFZ	2C4RDGCG7DR523749													



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293	Y85DFZ	2C4RDGCG7ER273687													
294	DHIY62	2C4RDGCGOER205487													
295	DHIY63	2C4RDGCG3ER213552													
296	DHIY64	2C4RDGCGXER121578													
297	DHIY65	2C4RDGCG3ER245076													
298	DHIY66	2C4RDGCG3ER128744													
299	DHIY67	2C4RDGCG3ER213535													
300	DHJJ15	2C4RDGCG5ER267595													
301	HZED97	2C4RDGCG8ER213515													
302	DHIY69	2C4RDGCG8ER323030													
303	DHIY71	2C4RDGCG9ER244658													
304	DHIY72	2C4RDGCG4ER205878													



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305	DHIY73	2C4RDGCG8ER214017													
306	DHIY74	2C4RDGCGXER122665													
307	DHIY60	1FTNE1EW3EDA86432													
308	DHIY61	1FTNE1EW7EDA86434													
311	DIBM09	1G6KD54Y92U299979													
312	EHVS23	2G1WB58K769332872													
313	DTQN76	2G1WC581869341102													
317	DRFK52	JTDKB20U363182737													
320	ENPF16	2C4RDGCG8ER273522													
321	DWAI21	JTDKB20U887716987													
322	ENPF17	2C4RDGCG0ER213220													
323	EEWR29	1FMZK1CMXFKB01383													



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324	390KNS	1FMZK1CM4KFB06594													
325	EEWR25	1FMZK1CM8FKB01382													
326	EEWR26	1FMZK1CM3FKB06604													
327	ETMT44	1FMZK1CM5FKB26241													
328	984XNN	2C4RDGCG8FR527425													
329	ETMT45	2C4RDGCG0FR548429													
330	ETMT46	2C4RDGCG8FR541292													
331	983XNN	2G1WS553281330767													
333	ETMT47	2C4RDGCG2FR548559													
334	EGCT82	2C4RDGCG8FR535959													
336	Y45DYS	1FMZK1CM4GKA33020													
337	Y46DYS	1FMZK1CM6GKA33021													



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338	Y47DYS	1FMZK1CMXGKA33023													
339	Y48DYS	1FMZK1CM5GKA33026													
340	Y49DYS	1FMZK1CM7GKA33027													
342	ETMT51	2C4RDGCG3FR556279													
343	Y88DFZ	2C4RDGCG5FR536308													
344	Y89DFZ	2C4RDGCG7FR536410													
345	ETMT48	2C4RDGCG0FR541545													
346	ETMT49	2C4RDGCG1FR536385													
347	EEWR27	1FTYE2CM3GKA50842													
348	ETMT52	1FTYE2CM0GKA50846													
350	DTQN20	JTDKN3DU7A0041459													
351	HGNI60	1FTYR1CM9GKA65120													



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352	GVHJ06	1FTYR2CM5GKB06977													
353	GVHJ07	1FTYR2CM7GKB06978													
354	248XNR	2C4RDGCG7GR180770													
355	ENPF14	2C4RDGCG7GR180794													
356	Y87DFZ	2C4RDGCG0GR179699													
357	334MYQ	1FTYR2CM7HKA02086													
358	330MYQ	1FTYR2CM9HKA02087													
359	EEWR23	1FTYR2CM9HKB27327													
360	GEDT37	1FTYE2CM0HKB27331													
361	514MYQ	1FTYE2CM0HKB27328													
362	DRFK52	5TDZZ3DC0HS877292													
363	331MYQ	5TDZZ3DC2HS856296													



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364	EEWR19	5TDZZ3DC4HS876842													
365	DWSD82	5TDZZ8DC0HS876827													
366	Y86DFZ	5TDZZ3DCXHS877252													

EMS INSPECTOR: _____ Date: _____



WHEELCHAIR DRIVER ROSTER
Medical Control Board Rule: EMS 1-88 Section 4

Name of Service: WHEELCHAIR TRANSPORT SERVICE **Date:** 4/5/2018 **Page:** 5 **of** 7

* Attach a copy of the Class E Drivers License for each listed Driver. If you need additional lines, copy this form. It is acceptable to attach a Company Roster, as long as the required information is included.

	NAME (Last, First) Also list "nick-name" if applicable	CLASS E * DRIVER'S LICENSE NUMBER	EXPIRATION DATE	DRIVER DATE OF BIRTH	Driver Certified by OMD ✓
1	ESLY SCOTT	S300-200-63-060-0	2/26	2/20/1963	✓
2	EDWARD CROSON	C625-230-67-146-0	4/20	4/26/1967	✓
3	JAMES GIFFORD	G163-444-59-144-0	4/20	4/24/1959	✓
4	THOMAS PESTA	P230-866-57-466-0	12/20	12/26/1957	✓
5	HECTOR RIVERA	R166-321-76-249-0	7/18	7/9/1976	✓
6	MANNY SORIANO	S650-546-71-020-0	1/21	1/20/1971	✓
7	WALTER HAMPSHIRE	H512-910-50-145-0	4/25	4/25/1950	✓
8	ARNOLD BERNARDINO	B656-017-62-285-0	8/19	8/5/1962	✓
9	DAVID CLAIR	C460-164-84-282-0	8/22	8/2/1984	✓
10	THEODORE TOSHEFF	T210-814-58-349-0	9/23	9/29/1958	✓
11	JOSHUA CORDERO	C636-426-94-019-0	1/20	1/19/1994	✓
12	STEPHEN JORDAN	J635-796-87-265-0	7/18	7/25/1987	✓



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	NAME (Last, First) Also list "nick-name" if applicable	CLASS E * DRIVER'S LICENSE NUMBER	EXPIRATION DATE	DRIVER DATE OF BIRTH	Driver Certified by OMD ✓
1	ARBEN QOSAJ	q220-000-78-321-0	9/21	9/1/1978	✓
2	DANIEL NIZIOLEK	N242-164-65-215-0	6/18	6/15/1965	✓
3	EDWARD CHABALA	C140-221-86-053-0	2/21	2/13/1986	✓
4	GABRIEL COLON	C456-280-91-170-0	5/18	5/10/1991	✓
5	FRANCO EUSEPI	E210-240-59-020-0	1/23	1/20/1959	✓
6	CHRISTIAN WILKERSON	W426-110-90-247-0	7/20	7/7/1990	✓
7	ANJALI BHATIA	B300-000-77-871-0	10/23	10/11/1977	✓
8	HECTOR FERRER	F661-324-75-413-0	11/20	11/13/1975	✓
9	GUIDO LUBRANO	L165-280-60-046-0	2/21	2/6/1960	✓
10	ALA ALASHARIF	A426-011-78-130-0	4/23	4/10/1978	✓
11	SUSAN RAU	A426-011-78-130-0	11/24	11/29/1961	✓
12	ERENSTO RODRIGUEZ	R362-202-67-063-0	2/20	2/23/1967	✓



WHEELCHAIR DRIVER ROSTER
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	NAME (Last, First) Also list "nick-name" if applicable	CLASS E * DRIVER'S LICENSE NUMBER	EXPIRATION DATE	DRIVER DATE OF BIRTH	Driver Certified by OMD ✓
1	DOUGLAS RIVERA	R162-162-68-367-0	10/19	10/7/1968	✓
2	MICHAEL SASTRE	S236-543-91-084-0	3/21	3/4/1991	✓
3	CHA-EVE MAISONNEUVE	M251-116-69-268-0	7/22	7/28/1969	✓
4	NELSON LOPEZ	L121-633-61-205-0	6/20	6/5/1961	✓
5	ALEJANDRO MORALES	M642-006-87-322-0	9/18	9/2/1987	✓
6	THOMAS ENNIS	E520-820-67-380-0	10/21	10/20/1967	✓
7	CARMELO POLITO	P430-107-62-416-0	11/23	11/16/1962	✓
8	BRIAN IRVINE	I615-073-43-270-0	7/22	7/30/1943	✓
9	DARLENE REED	R300-170-57-923-0	11/19	11/23/1967	✓
10	WEUSI WALLER	W460-881-80-426-0	11/20	11/26/1980	✓
11	AZMI MASWADEH	M230-013-80-337-0	9/19	9/12/1980	✓
12	LARRY NIVENS	N152-530-59-006-0	1/26	1/6/1959	✓



WHEELCHAIR DRIVER ROSTER
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1	YOSEN SOSA	S222-973-73-405-0	11/24	11/5/1973	✓
2	CHARLES WORRALL	W640-155-62-331-0	9/21	9/11/1952	✓
3	MARY O'SULLIVAN	O241-598-66-956-0	12/25	12/16/1966	✓
4	ROY BANKS	B520-726-65-059-0	2/26	2/19/1965	✓
5	ROBERT POLLOCK	P420-6-60-183-0	5/20	5/23/1960	✓
6	GARY RENO	R500-292-71-020-0	1/23	1/20/1971	✓
7					
8					
9					
10					
11					
12					



WHEELCHAIR DRIVER ROSTER
Medical Control Board Rule: EMS 1-88 Section 4

Name of Service: WHEELCHAIR TRANSPORT SERVICE **Date:** 4/5/2018 **Page:** 3 of 7

* Attach a copy of the Class E Drivers License for each listed Driver. If you need additional lines, copy this form. It is acceptable to attach a Company Roster, as long as the required information is included.

	NAME (Last, First) Also list "nick-name" if applicable	CLASS E * DRIVER'S LICENSE NUMBER	EXPIRATION DATE	DRIVER DATE OF BIRTH	Driver Certified by OMD ✓
1	ELIZABETH VALENTINE	V453-221-65-586-0	3/26	3/6/1965	✓
2	CHRISTI ALSTON	A423-112-83-511-0	1/22	1/11/1983	✓
3	TIFFANY MOORE	M600-879-86-629-0	4/18	4/9/1986	✓
4	PHIL ANGLADA	A524-676-40-350-0	9/20	9/30/1940	✓
5	BLAIR HURM	H650-071-59-085-0	3/25	3/5/1959	✓
6	JEROME MOTEN	M350-420-75-041-0	2/19	2/1/1975	✓
7	SHARRAN COOPER	C160-781-73-011-4	1/22	7/10/1973	✓
8	JORGE MEJIA	M200-432-62-4250	11/25	11/25/1962	✓
9	ANTHONY SWEAT	S300-005-69-016-0	01/19	1/16/1969	✓
10	DOUGLAS TRYGSTAD	T623-163-61-288-0	8/22	8/8/1961	✓
11	ALBERT NIBLACK	N142-020-44-455-0	12/25	12/15/1944	✓
12	CAROL HAUGABOOK	H212-117-58-788-0	8/20	8/8/1958	✓



WHEELCHAIR DRIVER ROSTER
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	NAME (Last, First) Also list "nick-name" if applicable	CLASS E * DRIVER'S LICENSE NUMBER	EXPIRATION DATE	DRIVER DATE OF BIRTH	Driver Certified by OMD ✓
1	JOSEPH HUDGENS	H325-499-52-471-0	12/22	12/31/1952	✓
2	QUEYEN GNO	N200-718-57-097-0	3/24	3/17/1957	✓
3	ROMMELL AROSTEGUI	A623-720-65-389-7	10/21	10/29/1965	✓
4	DIMAS ENCISO	E522-165-49-272-0	10/18	10/12/1949	✓
5	CASEY MERRELL	M640-104-70-425-0	10/18	11/25/1970	✓
6	ASHLEY GRANT	G653-016-88-544-0	2/22	2/4/1988	✓
7	NATASHA BACCHUS	B220-625-74-602-0	3/25	3/22/1974	✓
8	BECKY MORRISON	M625-066-53-824-0	9/19	9/4/1953	✓
9	SEBASTIEN LUNDI	L530-797-91-371-0	10/21	10/11/1991	✓
10	ODEAL WHITLOCK	W342-653-62-005-0	1/20	1/5/1962	✓
11	GILBERT RIBAL	R140-290-52-105-0	3/20	3/25/1952	✓
12	RAFAEL SANTIAGO	S532-720-54-462-0	12/24	12/22/1954	✓



WHEELCHAIR DRIVER ROSTER
Medical Control Board Rule: EMS 1-88 Section 4

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	NAME (Last, First) Also list "nick-name" if applicable	CLASS E * DRIVER'S LICENSE NUMBER	EXPIRATION DATE	DRIVER DATE OF BIRTH	Driver Certified by OMD ✓
1	OLIVER ROBERTS	R163-650-59-301-0	8/21	8/21/1959	✓
2	ALFRED SCHAAFF	S100-001-47-427-0	11/17	11/27/1949	✓
3	THOMAS BONURA	B560-835-50-084-0	3/21	3/4/1950	✓
4	ANDREW CARVER	C616-010-69-146-0	4/19	4/26/1969	✓
5	ANDRES LOPEZ	L120-000-63-095-0	3/17	3/15/1963	✓
6	ROBERT BEAUDOIN	B350-767-56-333-0	9/22	9/13/1956	✓
7	GABRIEL ARRANGO	A652-281-49-207-0	6/19	6/7/1949	✓
8	CLIVE DOWDELL	D340-101-53-306-0	8/18	8/26/1953	✓
9	EDMOND AVILA	A142-21-58-242-0	7/17	6/7/1949	✓
10	MADELYN MALDONADO	M435-547-63-754-0	7/22	7/14/1963	✓
11	EVEN'S CASTOR	C236-213-76-058-0	2/22	2/18/1976	✓
12	MOISES CONCHAMBAY	C525-54158-295-0	8/24	8/15/1958	✓



WHEETRA-01

EREITLER

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/04/2018

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 Research Underwriters 4240 Greensburg Pike Pittsburgh, PA 15221	CONTACT NAME:		
	PHONE (A/C, No, Ext): (412) 351-5800	FAX (A/C, No): (412) 351-5818	
	E-MAIL ADDRESS:		
	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Global Liberty Insurance Company of New York		11092
INSURED Wheelchair Transport Service, Inc. 14561 58th Street North Clearwater, FL 33760	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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			GL32266P2017	08/16/2017	08/16/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			CA32235P2017	08/16/2017	08/16/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		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 \$

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

CERTIFICATE HOLDER

CANCELLATION

Office of the Medical Director
12490 Ulmerton Road
Largo, FL 33774

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