

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND

NECESSITY July 1, 2019- June 30, 2020

APPLICATION TYPE:	☐ NEW ☑ RENEWAL			
SERVICE TYPE:	✓ Wheelchair Transport☐ Stretcher Transport	☐ ALS Interfac		port
TYPE OF ENTITY:	☐ Sole Proprietor ☐ Pa	rtnership 🔲 Non-F	Profit Corporation	oration
ORGANIZATION NAME:			HOURS OF OPERATION:	□24-HOUR
Care Ride LLC			4:00 A.M. to 12:00	
ADDRESS 1:			PHONE:	□A.M. / ☑ P.M.
4625 East Bay Drive	Suite 105		7278661193	
ADDRESS 2:			FAX:	
			7278660148	
CITY, STATE, ZIP CODE:				
Clearwater, FL 3376				
OFFICER/DIRECTOR NAME & TI		PHONE NUMBER & E-M.	AIL:	
Douglas Johnson Ad		7278661193 do	ouglas.johnson@baycar	e.org,
VICE OFFICER/DIRECTOR NAME		PHONE NUMBER & E-M/	··· ·····	
James Green Admin BUSINESS HOURS POINT-OF-CO			mes.green@baycare.or	·g
	UNTACT:	PHONE NUMBER & E-MA	AIL:	
James Green		727 866 1193		
AFTER HOURS POINT-OF-CONT.	ACT:	PHONE NUMBER & E-MA		
James Green			nes.green@baycare.org	
micorporation, Certification	ENTS: Record Keeping Ver on of Fictitious Name (d.b.a) schedule. Also include any n	If applicable insuran	ce Verification for the higher	at loved of !
I, the undersigned repres	sentative of the above named firm fails to meet all of the re	firm do hereby ackn	nowledge this cortificate may	ha average de d
SIGNATURE OF APPLICANT:			DATE:	and regulations.
James Life	en		5/2/19	
STATE OF FLORIDA				
COUNTY OF PIN	ellas		an 2019	
Subscribed and sworn to	(or affirmed) before me this	2nd of by	05 2019	, who
is/are personally known to	o me or has/have produced _	James	Green as identi	
(SEAL)	CINDY M. KAS3-JOHNSON Notary Public - State of Florid Commission of PF 915147 My Comm. Expires Date 22, 204 Bonded Empore Redional Page 24, 204		CINDY M. KASS-JOHNSO Notary Public - State of Flor Commission # FF 91514 My Comm. Expires Dec 22, 2 Bonded through National Notary A	N rida 7
Form A. Rev. 02/06/2017	Mary	(Name of	f Notary typed, printed or For	m stamped)



WHEELCHAIR/STRETCHER SERVICE RECORD KEEPING VERIFICATION FORM

Pinellas County Rules and Regulations, as Amended

Name of Se	ervice:	CARE	Ride	Lic	
Date:	5/2/19				

Section	Inspection Items	Initials
8.1	Record all telephone lines when used for requests for transport, including cell phones.*	DJ
	*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.	08
8.1	Written record contains: Date Call Received Time Call Received Pick-up & Destination Address Arrival Time at Destination Client's Name Person Ordering Transport Telephone Number of Caller (*if applicable)	
8.1	Audio dispatch records shall be kept for a minimum of six (6) months.	
8.1	Written or electronic dispatch shall be kept for a minimum of three (3) years.	O)
8.1	Dispatch audio & written/electronic records shall be available for inspection.	W.

Form B Rev. 02/06/2017



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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/stretcher	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
69	261VAU	1FTNS24W08DB57512	/	/	/	/	/	/		/	~	/		/	/
80	281VAY	1FTNHS2R4W18DB4638	/	1	/	/	/	/		/	/	~	/	~	_
82	298VAU	1FTNS24W08DB46395	1	/	>	/		/	/	/	_				_
83	273VAU	1FTNS24W78DB7507	/	/	/	~	/	/	/	~	~	~		V	1
84	267VAU	1FTNS24W58DB46392	-	/	/	✓	\	\	✓	/	1	/	1	/	/
55	271VAU	1FTNS24W18DB52299	/	/	/	/	~	1	/	/	1	/	/	1	V
^{7.} 56	262VAU	1FTNS24W58DB57506	/	~	/	/	/	V	~	~	V	/	V	/	/
57	541VQT	1FTNE14288DB26302	/	~	/	/	/	/	~	1	/	~	/	V	/
^{9.} 58	542VQT	1FTNE14W38DB53858	/	~	/	V	/	V	/	~	/	V	~	/	
59	411VAU	1FTNS24W48DB46397	/		/	/	/	/	~	V	/	V	V	V	/
60	540VQT	1FTNE14W18DB53857	/	/		~	V	V	V	~	/	V	/	1	V
62	406VAQ	1FTNS24W98DB57511	/	/	/	/	V	V	/	V	/	1	V	/	/

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EMS INSPECTOR

Date: <u>3.21.</u>19



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63	408VAQ	1FTNS24W78DB57510	/	~	/	/	~	/	/	1	/	1	_	/	_
64	279VAU	1FTNS24WX8D4B6386	/	/	>	/	/	/	/	/	/	/	/	~	/
65	272VAU	1FTNS24W28DB52294	/		/	/	/	/	V	/	/		/	/	✓
66	296VAU	1FTNE14W78DB57041	/	✓	/	~	~	~	V	V	V	~	\checkmark	V	
67	410VAQ	1FTNS24W38B57505	1	1	~	1	~	✓	1	/	1	/	/	/	/
6. 68	282VAU	1FTNE14W38DB57036	/	/	1	/	~	/	/	4	/	~	~	/	/
^{7.} 70	283VAU	1FTNS24W58DB46389		/	V	1	V	1	/	1	✓	/	\	1	5
^{8.} 71	264VAU	1FTNS28W46DB46396	1	/	/	V	~	~	/	V	/	V	V	/	/
9. 72	280VAU	1FTNE14W18DB43068	1	/	V	1	~	/	V	V	V	V	1	/	/
73	295VAU	IFTNS24WX8DB57503	V	/	/	V	/	V	/	V	V	1	/	V	/
74	277VAU	IFTNS24W38DB52305	1	/	V	V	V	/	V	V	$\sqrt{}$	1	/	/	V
75	284VAU	1FTNE14W18DB57035	/	V	~	V	/	V	/	/	V	~	V	V	V

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___ Date: <u>5 -21 - 19</u>



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76	286VAU	1FTNE14W98DB43075	1	/	1	~	~	_	~	_	~	1	1	/	/
77	409VAQ	1FTNS24W68DB57501	V	/	/	1	/	~	V	1	V	\	V	V	1
78	407VAQ	1FTNS24W18DB57499	1	/	1	5	1	/	1	1	/	1	1	/	1
79	274VAU	1FTNE14W18B43071		/	/	1	/	/		V		/	1	V	/
87	369TDF	1FTNS2EW4AD68983	~	V	V	1	1	1	1	/	/	V	/	. /	1
88	263MSJ	1FTNS2E26ADA68984	/	1	1	1			/	/		1	1	./	
^{7.} 90	264MSJ	1FTNS1EWXADA99469	/	V	/	/	/	/		/	/	/	/		8 19m
^{8.} 91	587LWX	1FTNS1EW2ADA99379	1	/		/	/	~	/				/		70
112	763XDU	1FTNE1EW1CDA12973	1	V		/	/	/	V	/	1	V	1	/	
113	EGCX36	1FTNE1EW4CDA11462	V	1	1	. /	/	1	/	V	/	1		/	/
114	AZFC27	1FTNE1EW6CDA12967	√	٧	1	/	/	/	/	/	1		/	<u> </u>	V
115	760XDU	1FTNE1EW7CDA112976	٧	/	V	/	V	V	V	~	✓	/	/	V	V

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116	AZFC26	1FTNE1EW0CDA11457	/	/		~	/	/			/	V	/	/	
117	AZFG80	1FTNE1EW9CDA11425	/	/	/	/	/	/		/	/	/	/		/
118	AZFG81	1FTNE1EWCDA11426	V	/	V		V			V	/	/	/	/	
119	AZFG79	1FTNE1EW2CDA11427	V	V	/	/	V	V	5	V	/	/		/	
120	AZFG82	1FTNE1EW8CDA12940	/	>	/	/	/	/	/		/	/	/	/	/
121	AZFG83	1FTNE1EW1CDA12939	/	\	/	/	/	/	/	/	/	/	/	~	/
125	771XDU	1FTNE1EW0DDA19897	/		~	1	1	/	/	/	/	/	/	\	/
126	Y29JNP	1FTNE1EW2DDA19898	/	/	/	/	/	/	/	1	✓	1	/	/	V
127	598LWX	1FTNE1EW2DDA15026	/	✓	✓	✓	/	/	/	/	/	1	1	J	
128	189MYR	1FTNE1EW0DDA19902	/	✓		/			/	/	1	/	/	/	~
129	772XDU	1FTNE1EW9DDA19896	/	/	/	/		/	/	/	/	/	/	/	
130	765XDU	1FTNE1EW8DDA35123	1	/	/	/	/	/	/	/	✓	/	✓	✓	~

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131	DSSR72	1FTNE1EW3DDB32193	/	/	/		/		/	/	✓	/	/	/	/
132	764XDU	1FTNE1EW1EDA08554	1	1	/	1	1	/	/	/		/	/	V	V
133	773XDU	1FTNE1EW3EDA85555	\checkmark		/	V		/	/	/	/		/	/	
134	767XDU	1FTNE1EWXEDA08553	/	/	/	/	/	/		/	/	/	/	/	/
140	770XDU	1FTNE1EW1EDA97526	✓	/	/	~	~	✓		~	_	/	/		_
141	769XDU	1FTNE1EWXEDA97525	/	/	V	/	1	U					V	~	
142	GJAH51	1FTNE1EW7EDA97529	1	1	/	/	✓	1	/	\	/	1	1	/	
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^{9.} 150	DUEI27	1FMZK1CM2FKB13771	1	√	✓	1	1	1		V	/	/	/	/	
151	414VAQ	1FMZK1CM0FKB13770	1	/	/	/	/		/		/	V	•		
152	661LWY	1FMZK1CM7FKB13765	1	/		/	/	/	~		~	V	-	V	V
153	DUEI28	1FMZK1CM3FKB13777	$\sqrt{}$	/	/	/	/	/	~	~	/	~	V		

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154	635WQB	1FMZK1CM9FKB13766	/	_	~	~	_			V	/		/	/	-
160	121RYZ	1FTYE2CM2GKA21462	✓			/	/	~		/	~	~	~	/	/
161	122RYZ	1FTYE2CM4GKA21463	/	~	~	V	~		~	V		~	~	~	~
170	HBVU29	1FTYE2CM9HKA15577	/	~	/	/	~	V		~	V	V	V	V	V
171	HBVU30	1FTYE2CM2HKA15579	/	/	~			~		~	~	_	~	V	/
172	HBVU31	1FTYE2CM9HKA15580	~	/	/	/	/	1	/	/	/			1	
173	HBVU32	1FTYE2CM0HKA15581	/		/	-	/					~	_	/	~
174	HBVU33	1FTYE2CM7HKA15576	~	/	/	/	/			/	/	_		/	
175	HBVU34	1FTYE2CMOHKA15578	~	~	~	V	/	V		~	V	1		/	
176	HBVU35	1FTYE2CM8HKA15537	/	V	V	~	/	~	~	~	~	V	~	~	1
177	HBVU36	1FTYE2CMXHKA15538	V	/	V	V	~	~	V	~	~	V	~	~	
178	HBVU37	1FTYE2CM4HKA15535	~	V	~	V	~	~	~	-	~	~	~	-	-

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Date: 5,21.19



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_Date: 5/21/19

SORT 80087RECORDS2 WITH OMDSTATUS.DESCR #"INACTIVE" AND WITH ADDAGENCY NAME ="[Care]" BY OMDCLASS.DESCR BY LNAME NAME ADDAGENCY OMDSTATUS.DESCR OMDCLASS.DESCR FAEXPDT STATEEMSDT ITLSEXPDT CPREXPDT (P 11:31:40 May 02 2019 1

@ID. NAME..... ADDAGENCY NAME..... STATUS.... CLASSIFICATION FAEXPDT. STATEEMSDT ITLSEXPDT CPREXPDT

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SORT 80087RECORDS2 WITH OMDSTATUS.DESCR #"INACTIVE" AND WITH ADDAGENCY_NAME ="[Care]" BY OMDCLASS.DESCR BY LNAME NAME ADDAGENCY OMDSTATUS.DESCR OMDCLASS.DESCR FAEXPDT STATEEMSDT ITLSEXPDT CPREXPDT (P 11:31:40 May 02 2019 2 @ID. NAME..... ADDAGENCY_NAME..... STATUS.... CLASSIFICATION FAEXPDT. STATEEMSDT ITLSEXPDT CPREXPDT

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SORT 80087RECORDS2 WITH OMDSTATUS.DESCR #"INACTIVE" AND WITH ADDAGENCY NAME ="[Care]" BY OMDCLASS.DESCR BY LNAME NAME ADDAGENCY OMDSTATUS.DESCR OMDCLASS.DESCR FAEXPDT STATEEMSDT ITLSEXPDT CPREXPDT (P 11:31:40 May 02 2019 3 @ID. NAME...... ADDAGENCY NAME..... STATUS..... CLASSIFICATION FAEXPDT. STATEEMSDT ITLSEXPDT CPREXPDT

GID.	MAPIE	ADDAGENCY_NAME	. STATUS	. CLA	SSIFICATION	I FAEXPDT.	STATEEMSDT	ITLSEXPDT	CPREXPDT
0275	MATHISON, ROBERT	Care Ride	CEDITIETED	1107					
	MAXWELL, THOMAS	Care Ride	CERTIFIED		DRIVER	11/03/19			11/03/19
	MCCAY, MICHAEL	Care Ride	CERTIFIED		DRIVER	10/11/19			10/11/19
	MCCONNON, LARRY	Care Ride	CERTIFIED		DRIVER	07/31/20			07/31/20
	MEDOLIGIES	Care Ride	CERTIFIED		DRIVER	05/18/18			05/18/18
		Care Ride	CERTIFIED		DRIVER	04/30/18			04/30/18
	view access to the control of the co	Care Ride	CERTIFIED		DRIVER	06/02/19			06/02/19
		Care Ride	CERTIFIED		DRIVER	04/09/18			04/09/18
	TOTAL CONTRACTOR CONTR	Care Ride	CERTIFIED		DRIVER	05/11/18	1947-1950 1948-1950 194		05/11/18
		Care Ride	CERTIFIED		DRIVER	05/18/18	12/01/18		05/18/18
		Care Ride	CERTIFIED		DRIVER	07/11/20			07/11/20
		Care Ride	CERTIFIED		DRIVER	03/31/18			03/31/18
	AND THE PARTY OF T		CERTIFIED		DRIVER	12/17/17			12/17/17
		Care Ride	CERTIFIED		DRIVER	05/22/19			05/22/19
	14101 0100111	Care Ride	CERTIFIED		DRIVER	02/19/18			02/19/18
	M. CARTINI	Care Ride	CERTIFIED		DRIVER	04/03/19			04/03/19
	NELCON LEGGISTIC	Care Ride	CERTIFIED		DRIVER				
	NITITOLEIG BANKE	Care Ride	CERTIFIED		DRIVER	11/03/19			11/03/19
	NOOA EVILLE	Care Ride	CERTIFIED		DRIVER	10/31/20			10/31/20
	ODTIT 300=	Care Ride	CERTIFIED			11/27/17		1	11/27/17
		Care Ride	CERTIFIED			12/14/18		1	12/14/18
	DATE	Care Ride	CERTIFIED		DRIVER		12/01/18	1	11/30/16
	DE IDI	Care Ride	CERTIFIED			06/20/20		(06/29/20
	05114 505	Care Ride	CERTIFIED			04/05/19		(04/05/19
	DEDET	Care Ride	CERTIFIED			10/15/18		1	10/15/18
	DEEEEE	TransCare	CERTIFIED			09/30/19		0	09/30/19
	DIEDOE DOLLES	Care Ride	CERTIFIED			10/31/19		1	10/31/19
	2005525	Care Ride	CERTIFIED			05/18/18		0	5/18/18
		Care Ride	CERTIFIED			10/26/18		1	10/26/18
	2004.7	Care Ride	CERTIFIED			06/29/20		0	06/29/20
			CERTIFIED			03/31/19		0	3/31/19
		Care Ride	CERTIFIED			02/23/18		0	2/23/18
			CERTIFIED		DRIVER		12/01/18	1	1/30/15
			CERTIFIED			10/17/19		1	0/17/19
			CERTIFIED			08/17/19		0	8/17/19
	TOUADDOON		CERTIFIED			10/17/19		1	0/17/19
	TEDEL DOMES	5.1	CERTIFIED			12/11/18		1	2/11/18
	TI EV OUR TOTOR		CERTIFIED			01/15/19		0	1/15/19
	ODEDCOM OARS		CERTIFIED		DRIVER		12/01/18	1.	2/31/17
	000101157 00:	and the second second	CERTIFIED			04/03/19		04	4/03/19
	00500 04445		CERTIFIED			12/07/18		12	2/07/18
	00500 8011115	5.1	CERTIFIED		DRIVER		12/01/18	08	5/01/19
	0.10 100=		CERTIFIED		ORIVER				
	OCADIO UZOMON		CERTIFIED			06/05/18		06	6/05/18
			CERTIFIED			.2/12/19		12	2/12/19
	ANCHEZ DEDEZ MARCE					16/23/19		06	5/23/19
		and the same of th				14/30/20		04	4/30/20
	0114114416	CONTRACT NEW PROPERTY.				2/28/21		02	2/28/21
	OLIMET ZED					7/06/20		07	7/06/20
1200 0	Connected, INTITIEN	are Ride	CERTIFIED	WCT D	RIVER 0	6/03/19		06	5/03/19

SORT 80087RECORDS2 WITH OMDSTATUS.DESCR #"INACTIVE" AND WITH ADDAGENCY_NAME ="[Care]" BY OMDCLASS.DESCR BY LNAME NAME ADDAGENCY OMDSTATUS.DESCR OMDCLASS.DESCR FAEXPDT STATEEMSDT ITLSEXPDT CPREXPDT (P 11:31:40 May 02 2019 4

@ID. NAMF	ADDACENCY NAME	CTATUS	PUT (P 11:31:4	U May 02 2019	9 4	
@ID. NAME	ADDAGENCY_NAME	STATUS	CLASSIFICAT	ION FAEXPDT.	STATEEMSDT	ITLSEXPDT CPREXPDT
0268 SCHWARTZ, STEVEN	Care Ride	CEDITIETED	LICT DDILLED	11 (00 (10		
0668 SCHWARTZ, OSHRAT	Care Ride	CERTIFIED CERTIFIED		11/03/19		11/03/19
1811 SCHWEMLEY, CHARLES	Care Ride	CERTIFIED		07/20/18		07/20/18
1285 SEABURY, MERRILL	TransCare	CERTIFIED		10/17/19		10/17/19
1529 SHERMAN, OSCAR	TransCare				12/01/18	,,
1288 SMITH, MORGAN	TransCare	CERTIFIED			12/01/18	
1792 SMITH, BRADLEY	Care Ride	CERTIFIED			12/01/18	09/30/19
0244 SOLOMON, DANIEL	Care Ride	CERTIFIED		08/08/19		01/31/19
1308 STACEY, JAHLEIK	Care Ride	CERTIFIED		03/04/18		03/04/18
1713 STACEY, KENDALL	Care Ride	CERTIFIED		04/01/18		04/01/18
0307 STANLEY, JAMES	Care Ride	CERTIFIED		09/20/18		09/20/18
2038 STEWARD, PAUL	Care Ride	CERTIFIED	WCT DRIVER	07/20/18		07/20/18
0318 STOCKOWSKI, CHERYL	Care Ride	CERTIFIED	WCT DRIVER	06/29/20		06/29/20
1805 STORMER, SUSAN		CERTIFIED	WCT DRIVER	04/03/19		04/03/19
0277 STORRS, EUGENE	Care Ride	CERTIFIED	WCT DRIVER	10/11/19		10/11/19
0303 SULAJ, LORENC	Care Ride	CERTIFIED	WCT DRIVER	07/20/18		07/20/18
2104 SUTHERLAND, DAVE	Care Ride	CERTIFIED	WCT DRIVER	04/03/19		04/03/19
2106 SUTHERLAND, DAVE	10.690000 0000 00000 0 000	CERTIFIED	WCT DRIVER	02/29/20		02/29/20
0256 TALBERT, CARL	Care Ride	CERTIFIED	WCT DRIVER	02/28/21		02/28/21
1535 TAMAS, TRIFU (TED)	Care Ride	CERTIFIED	WCT DRIVER	05/03/19		05/03/19
1303 TAMAS, TRIFO (TED)		CERTIFIED	WCT DRIVER	04/28/19		04/28/19
1536 TAMAS, CANDICE	Transportation					
1300 TAMAS, CANDICE	CareCabee	CERTIFIED	WCT DRIVER	04/28/19		04/28/19
1215 TAMBONE, ANTONIO	Transportation					
0304 TAYLOR, ALEXANDER	Care Ride	CERTIFIED	WCT DRIVER	04/09/19		04/09/19
0211 THOMPSON, BRUCE	Care Ride	CERTIFIED	WCT DRIVER	04/03/19		04/03/19
1233 TIBBETS, THOMAS	Care Ride	CERTIFIED	WCT DRIVER	12/31/17		12/31/17
1846 TORTORELLI, STEPHEN	Care Ride	CERTIFIED	WCT DRIVER	04/20/19		04/20/19
2013 TRENTMAN, DEBORAH	Care Ride	CERTIFIED	WCT DRIVER	10/13/20		10/13/20
2080 URBANIAK, MICHAEL	Care Ride	CERTIFIED	WCT DRIVER	06/08/20		06/08/20
0233 VANSWOL, MARK	Care Ride	CERTIFIED	WCT DRIVER	02/28/21		02/28/21
0959 VERA, KEVIN	Care Ride	CERTIFIED	WCT DRIVER	05/18/18		05/18/18
	Care Ride	CERTIFIED	WCT DRIVER	04/03/19		04/03/19
2115 VIERS, CHARLES	Care Ride	CERTIFIED	WCT DRIVER	04/30/21		04/30/21
1156 VILLAFANA, JAMES		CERTIFIED	WCT DRIVER	04/03/19		04/03/19
1827 VOISEY, JOHN	Care Ride	CERTIFIED	WCT DRIVER	12/12/19		12/12/19
2103 WAGNER, DIANEA	Care Ride	CERTIFIED	WCT DRIVER	04/30/20		04/30/20
1232 WARREN, DANIEL	Care Ride	CERTIFIED	WCT DRIVER	09/22/19		09/22/19
0286 WATSON, JIM	Care Ride	CERTIFIED	WCT DRIVER	04/03/19		04/03/19
0182 WEBER, JACK	Care Ride	CERTIFIED	WCT DRIVER	07/20/18		07/20/18
1675 WEISS, CRYSTAL	Care Ride	CERTIFIED	WCT DRIVER	06/30/18		06/30/18
0274 WHALEY, FOY	Care Ride	CERTIFIED	WCT DRIVER	10/27/19		10/27/19
0155 WILDER, DAVID	Care Ride	CERTIFIED	WCT DRIVER		12/01/18	07/17/18
0252 WILLIAMS, DEBORAH	Care Ride	CERTIFIED	WCT DRIVER	12/21/17		12/21/17
0273 WILLIAMS, LEO	Care Ride	CERTIFIED	WCT DRIVER		12/01/18	12/31/17
1986 WOOSTER, BRUCE	Care Ride	CERTIFIED	WCT DRIVER	05/17/20		05/17/20
1722 WRIGHT, DWIGHT	Care Ride	CERTIFIED	WCT DRIVER	02/22/19		02/22/19
1190 YOUSEY, JAKE	Care Ride	CERTIFIED	WCT DRIVER	05/27/18		05/27/18
0262 ZAMBORY, JOHN	Care Ride	CERTIFIED	WCT DRIVER	05/18/18		05/18/18
0133 ZARRO, THOMAS	Care Ride	CERTIFIED	WCT DRIVER	10/17/19		10/17/19
1						10/1//13

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1985 ZONJA, BAKI 195 records listed

Care Ride CERTIFIED WCT DRIVER 05/31/20

05/31/20

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000001959

Entity Name: CARE RIDE, L.L.C.

Current Principal Place of Business:

4625 EAST BAY DRIVE

SUITE 105

CLEARWATER, FL 33764

Current Mailing Address:

4625 EAST BAY DRIVE

SUITE 105

CLEARWATER, FL 33764 US

FEI Number: 59-3565490

Certificate of Status Desired: No.

Mar 18, 2019 Secretary of State

7966440923CC

Name and Address of Current Registered Agent:

BAYCARE HEALTH SYSTEM, INC.

ATTENTION: LEGAL SERVICES DEPARTMENT

2985 DREW STREET

CLEARWATER, FL 33759 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: SCOTT A. KIZER

03/18/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title

MGRM

Title

MGRM

Name

BAYCARE HOME CARE, INC.

Name

CARE RIDE, INC.

Address

8452 118TH AVE, N

Address

4625 EAST BAY DRIVE

SUITE 105

City-State-Zip:

LARGO FL 33773

City-State-Zip:

CLEARWATER FL 33764

Title

DIRECTOR

Name

JOHNSON, DOUGLAS

Title Name DIRECTOR COTE, JIM

Address

4625 EAST BAY DRIVE SUITE 105

Address

4625 EAST BAY DRIVE

SUITE 105

City-State-Zip:

CLEARWATER FL 33764

City-State-Zip:

CLEARWATER FL 33764

Title

DIRECTOR

Name

MCGUIRE, KATHRYN

Address

4625 EAST BAY DRIVE

SUITE 105

City-State-Zip:

CLEARWATER FL 33764

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: DOUGLAS JOHNSON

DIRECTOR

03/18/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/19/18

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

this certificate does not confer rights to the certificate holder	CONTACT Annette Decato							
Coverage le independent	PHONE (A/C, No, Ext): 727-519-1325	FAX (A/C, No); 727	-519-1276					
Coverage is independently procured by the named insured	E-MAIL ADDRESS: Annette DeCato@baycare.org	(700, 110)						
	INSURER(S) AFFORDING	COVERAGE	NAIC #					
ISUREO	INSURER A: BCHS Insurance, Ltd.							
Care Ride, LLC	INSURER 5:							
BayCare Health System, Inc.	INSURER C:							
2985 Drew Street	INSURER D:							
Clearwater, FL 33759	INSURER E:							
	INSURER F:							
OVERAGES CERTIFICATE NUMBER:	В	EVISION NUMBER:						

	BayCare Health System, Inc.			INSURER C:				***************************************
	2985 Drew Street			INSURER D:				
	Clearwater, FL 33759			INSURER E:				
_	0.770.4070			INSURER F:				
	OVERAGES	CERTIF	CATE	NUMBER:		R	EVISION NUMBER:	
INS		MAY PER UCH POL	MALATS	THE INCLIDANCE ACCORDED	BY THE POLICE BY REDUCED BY	TO THE INSUF T OR OTHER IES DESCRIBE Y PAID CLAIMS	RED NAMED ABOVE FOR DOCUMENT WITH RESPE	THE POLICY PERIOD CT TO WHICH THIS O ALL THE TERMS
LT			WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	··· ··································
	GENERAL LIABILITY						EACH OCCURRENCE	
	X COMMERCIAL GENERAL LIABILITY X CLAIMS MADE OCCUP	and the second s					DAMAGE TO RENTED PREMISES (Ea occurrence)	s 1,000,00
						Vertical	MED EXP (Any one person)	\$
A		-	-	HPL2019BCHS-1	1/1/2019	1/1/2020	PERSONAL & ADV INJURY	\$ 1,000,00
		_	-				GENERAL AGGREGATE	\$ 3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:	***************************************	***************************************				PRODUCTS-COMP/OP AGG	\$
444))	POLICY JECT LOC OTHER: AUTOMOBILE LIABILITY	***************************************					FIRE DAMAGE (Any one fire)	s 100,000
	X ANY AUTO	-					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
A	OWNED SCHEDULED	***************************************		DO!!D!!			BODILY INJURY (Per person)	\$
	AUTOS ONLY AUTOS NON-OWNED			BCHSAL3865-2019	1/1/2019	1/1/2020	BODILY INJURY (Per accident)	s
	ONLY	Appendix					PROPERTY DAMAGE (Per accident)	s
-	UMBRELLA LIAB OCCUR			and the second s				s
							EACH OCCURRENCE	s
	EXCESS LIAB CLAIMS-MA	DE					AGGREGATE	s
	WORKERS COMPENSATION			**************************************				s
	AND EMPLOYERS' LIABILITY Y/A ANY PROPRIETOR/PARTNER/EXECUTIVE						PER OTH-	
	OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	_
	(Mandatory in NH) If yes, describe under	1				-	E.L. DISEASE - EA EMPLOYEE	S
	DESCRIPTION OF OPERATIONS below					-	E.L. DISEASE - POLICY LIMIT	\$
	PROFESSIONAL LIABILITY (CLAIMS MADE FORM)			***************************************			DISCONDENT LIMIT	\$
ESC	CRIPTION OF OPERATIONS / LOCATIONS / V	EHICLES (Attach A	CORD 181, Additional Remarks Scho	edule, if more space	is required)		
Cont	tact Address:							
	S Insurance, LTD							
4 50	olaris Avenue, 2nd Floor, Camana Bay	Grand C	ayman.	KY1-1102. Cayman Islanda				
er:	1 345 945 1266		3	Val Vaymen Islands				
CFF	RTIFICATE HOLDED							

CANCELLATION

Pinellas County, a Political Subdivision of the State of Florida 400 S Fort Harrison Ave Clearwater, FL 33756

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

as insurance manager and authorized representative