

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND

APPLICATION TYPE: NEW RENEWAL							
SERVICE TYPE: Wheelchair Transport Stretcher Transport	ALS Interfacility ALS Non-Transport ALS Helicopter ALS Transport						
TYPE OF ENTITY: Sole Proprietor Par	tnership Non-Profit Corporation Corporation						
ORGANIZATION NAME:	HOURS OF OPERATION: 24-HOUR						
JOHNS HOPKINS ALL CHILDRENS LIFELI	NE A.M. to □A.M. / □P.M.						
ADDRESS 1:	PHONE:						
501 6TH AVENUE SOUTH	727-767-7337						
ADDRESS 2:	FAX:						
	727-767-4837						
CITY, STATE, ZIP CODE:							
ST PETERSBURG							
OFFICER/DIRECTOR NAME & TITLE:	PHONE NUMBER & E-MAIL:						
RADEK HOFFMAN LIFELINE DIRECTOR	727-767-8941 rhoffm31@jhmi.edu						
VICE OFFICER/DIRECTOR NAME & TITLE:	PHONE NUMBER & E-MAIL:						
JULIE BACON LIFELINE PROGRAM MAN.	727-767-7337						
BUSINESS HOURS POINT-OF-CONTACT:	PHONE NUMBER & E-MAIL:						
JULIE BACON	727-767-7337 julie.bacon11@jhmi.edu						
AFTER HOURS POINT-OF-CONTACT:	PHONE NUMBER & E-MAIL:						
JULIE BACON	407-432-5498 julie.bacon11@jhmi.edu						
Incorporation, Certification of Fictitious Name (d.b.a)	erification Form, Vehicle Roster(s), Driver Roster(s), Certificate of if applicable, Insurance Verification for the highest level of service new applications per County Driver Certification Requirements.						
revoked if at any time the firm fails to meet all of the r	d firm, do hereby acknowledge this certificate may be suspended or equirements of the Pinellas County Code or Rules and Regulations.						
SIGNATURE OF APPLICANT: Chopo & Tun	DATE: 11/4/19						
STATE OF FLORIDA							
COUNTY OF PINCIPS							
Subscribed and sworn to (or affirmed) before me this	11/7/2019 by ANTHONY & NAPOLITAIN Who						
is/are personally known to me or has/have produced							
NOTARY PUBLIC STATE OF PLORIDA Commis GG022480 Expires 8/22/2020							
	(Name of Notary typed, printed or Form stamped)						
Form A. Rev. 02/06/2017							



WHEELCHAIR/STRETCHER SERVICE RECORD KEEPING VERIFICATION FORM

Pinellas County Rules and Regulations, as Amended

Name of Service:	JOHNS HOPKINS ALL CHILDRENS	LIFELINE

Date:	NOV	1	2019	
Date:	NOV	1	2019	

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

Form B Rev. 02/06/2017



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

Name of Service:	JOHNS HOPKINS ALL CHILDRENS LIFELINE	Dago:	1,	, f	1
		Page:		"	

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 #
GIOVANNI M BOAN	B500-293-98-368-0	10/082022	10/08/1998	EMT 561384
MICHAEL G MYERS (CLINICAL SUPERVISOR)	M620-547-89-421-0	11/21/2027	11/21/1989	EMT 551841
DANIEL J CALLAHAN JR	C450-170-95-134-0	04/14/1995	04/14/2020	EMT 549132
BRIAN R PAWLAK	P420-076-89-226-0	08/26/1989	08/26/2020	EMT 545235
GERSON D CORDERO RUBIO	C636-284-91-321-0	09/01/1991	09/01/2022	EMT 557373
CAMERON T PELTS	P432-118-90-282-0	08/02/1990	08/02/2020	EMT 529706
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				

Form D Rev. 02/06/2017

STATE OF FLORIDA DEPARTMENT OF HEALTH EMERGENCY MEDICAL SERVICES APPLICATION FOR VEHICLE PERMIT(S)

EMS Provider_JOI	HNS HOP	KINS ALL CH	ILDREN'S HOSPITAL LIFELINE	Provider # 5109
Business Address	501 6TH	AVENUE SC	DUTH - DEPT 7340	
City_ST PETERSB	URG	State_FLA	Zip Code 33710	County PINELLAS

PERMIT TYPE

VEHICLE DATA

				TCIVILA T I I						SE BILLIE
	DUPLICATE	NEW	CURRENT		ALS	BLS	YEAR	MAKE	MODEL	V.1.N.
			PERMIT#	TRANS	NON-TRANS	TRANS				
1			19624	Х			2008	FRIGHTLINER		1FVACWDJ384Z37038
2			19626	Х			2008	FRIGHTLINER		1FVACWDJ184Z37037
3			020932	Х			2017	KENWORTH		2NKHHM6XDHM165535
4			020956	Х			2017	KENWORTH		2NKHHM6X2HM136408
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										

Enclose Permit Fee(s). **Do not send cash**. Checks should be made payable to Emergency Medical Services and mailed to 4052 Bald Cypress Way, Bin A22, Tallahassee, Florida 32399-1738. **All fees are nonrefundable** §401.34(1), Florida Statute, (F.S.).

1, the undersigned representative of the above named firm, do hereby affirm that all equipment and medical supplies required by Chapter 401, F.S., and Rule 64.J-1, Florida Administrative Code (F.A.C.), are present and in working order on the above described vehicles. I also affirm that the equipment and medical supplies in the required quantities will be continuously maintained at the specified level. I further affirm that the above described vehicles will be staffed, during operation, in accordance with Chapters 395 and 401/F.S.) and Rule 644-1/F.A.C.

(\$16.6 kg

SIGNATURE

KAL JACCION

DATE

FALSE OFFICIAL STATEMENTS: § 837.06, F.S.: Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.

DH Form 1510, April 2009



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/28/2018

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 and occupant(c).

this certificate does not	conter rights to the certificate holder in	n lieu of such endorsement(s).						
PRODUCER		CONTACT NAME: Susie Growney						
2345 Grand Blvd., Suite	Management Services, Inc. 400	PHONE (A/C, No, Ext): 816-395-8509 FAX (A/C, No): 816-467-55						
Kansas City MO 64108		E-MAIL ADDRESS: susie_growney@ajg.com						
		INSURER(S) AFFORDING COVERAGE	NAIC #					
INSURED		INSURER A : Arch Specialty Insurance Company	21199					
	PARALOG-01	INSURER B : Markel Insurance Company	38970					
Paramedics Logistics Op 1520 W. Front St.	erating Company, LLC	INSURER C :XL Insurance America, Inc.	24554					
Tyler TX 75702		INSURER D :						
Commission (1) Commis		INSURER E :						
		INSURER F :						
COVERAGES	CERTIFICATE NUMBER: 49	96658688 REVISION NUMBER	RED.					

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.

ISR	TYPE OF INSURANCE	INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER. X POLICY PROJECT LOC OTHER:		FLP006069400	3/29/2018	3/29/2019	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$1,000,000 \$100,000 \$5,000 \$1,000,000 \$3,000,000 \$3,000,000
В	AUTOMOBILE LIABILITY X ANY AUTO X OWNED AUTOS ONLY AUTOS X HIRED AUTOS ONLY AUTOS ONLY X AUTOS ONLY X AUTOS ONLY		MTA70002930-00	3/29/2018	11/1/2018	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$2,000,000 \$
Α	X		FLP006069400	3/29/2018	3/29/2019	EACH OCCURRENCE AGGREGATE Professional Liab.	\$5,000,000 \$5,000,000 \$Included
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	RWD3001396	3/29/2018	3/29/2019	X PER OTH- EL EACH ACCIDENT E.L DISEASE - EA EMPLOYEE E.L DISEASE - POLICY LIMIT	
Α	Professional Liability	A monthly and a part	FLP006069400	3/29/2018	3/29/2019	Per Incident	1,000,000 12,000,000

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

Claims Made coverage applicable to Professional Liability and Umbrella Policies. Retroactive Date 3/29/2018.

Named Insureds:

- Paramedics Logistics Operating Company, LLC
- · Paramedics Logistics South Dakota, LLC

See Attached...

C	E	R	T	1	F	1	C	A	1	r	E	ŀ	1	0	L	D	E	R	

All Children's Hospital 801 Sixth Street South, Dept. 9450 St. Petersburg FL 33701-8920

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

De

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AGENCY CUSTOMER	ID:	PARAL	OG-	1
-----------------	-----	-------	-----	---

LOC #:

A	-	-	# B #	
A	C		KL	
6		_		
	Contract of the last			

ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

Arthur J. Gallagher Risk Management Service	es, Inc.	NAMED INSURED Paramedics Logistics Operating Company, LLC
DLICY NUMBER		1520 W. Front Št, Tyler TX 75702
CARRIER	NAIC CODE	-
		EFFECTIVE DATE:
ADDITIONAL DEMARKS		

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE FORM NUMBER: 25

- Paramedics Logistics California, LLC
 Paramedics Logistics Florida, LLC
 Paramedics Logistics Indiana, LLC
 Paramedics Logistics Texas, LLC
 EMS Training School, LLC
 ETX Fleet Plus, LLC

FLORIDA COMMERCIAL AUTO INSURANCE IDENTIFICATION CARD

COMPANY Travelers Indemnity Company

POLICY # P8102619B249IND19

EFFECTIVE 06/30/2019

X PERSONAL INJURY PROTECTION X BODILY INJURY LIABILITY

Johns Hopkins Health System
JHHS Treasury Services - Johns Hopkins at Keswick
ADDRESS
ADDRESS
ATT. Corp. Ins. 3910 Koswick Road, Suite S-4300D

Baltimore, MD 21211

YEAR. 2017

MAKE/ MODEL Kenworth Ambulance

JEHICLE ID # 2NKHHM6X0HM165535

NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE

FLORIDA COMMERCIAL AUTO INSURANCE IDENTIFICATION CARD

:OMPANY Travelers Indemnity Company

OLICY # P8102619B249IND19

DATE 06/30/2019

X PERSONAL INJURY PROTECTION X BODILY INJURY

Johns Hopkins Health System JHHS Treasury Services - Johns Hopkins at Keswick Attn: Corp. Ins. 3910 Keswick Road, Suite S-4300D Baltimore, MD 21211

ODRESS

TAR: 2017

MAKE Kenworth Ambulance

*EHICLE ID # 2NKHHM6X0HM165535

NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE

JOHNHOP-07 BHOLLANDER

THIS CARD MUST BE KEPT IN THE INSURED VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

- 1. Name and address of each driver, passenger and witness.
- 2. Name of Insurance Company and policy number for each vehicle involved.

MISREPRESENTATION OF INSURANCE IS A FIRST DEGREE MISDEMEANOR

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THIS CARD MUST BE KEPT IN THE INSURED VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

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FLORIDA COMMERCIAL AUTO INSURANCE **IDENTIFICATION CARD**

OMPANY Travelers Indemnity Company

OLICY # P8102619B249IND19

DATE 06/30/2019

X PERSONAL INJURY PROTECTION BENEFITS / PROPERTY DAMAGE LIABILITY X BODILY INJURY

Johns Hopkins Health System
JHHS Treasury Services - Johns Hopkins at Keswick
Attn: Corp. Ins. 3910 Keswick Road, Suite S-4300D
Baltimore, MD 21211

EAR: 2008

MAKE/ MODEL Freightliner Ambulance

EHICLE ID # 1FVACWDJ18HZ37037

NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE

FLORIDA COMMERCIAL AUTO INSURANCE IDENTIFICATION CARD

25658 DMPANY Travelers Indemnity Company

DLICY # P8102619B249IND19

DATE. 06/30/2019

X PERSONAL INJURY PROTECTION X BODILY INJURY BENEFITS / PROPERTY DAMAGE LIMBILITY X LIABILITY

Johns Hopkins Health System JHHS Treasury Services - Johns Hopkins at Keswick Attn: Corp. Ins. 3910 Keswick Road, Suite S-4300D Baltimore, MD 21211 DORESS.

AR: 2008

MAKE/ MODEL Freightliner Ambulance

HICLE ID #: 1FVACWDJ18HZ37037

NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE

JOHNHOP-07 BHOLLANDER

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MISREPRESENTATION OF INSURANCE IS A FIRST DEGREE MISDEMEANOR

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FLORIDA COMMERCIAL AUTO INSURANCE **IDENTIFICATION CARD**

COMPANY Travelers Indemnity Company 25658 DATE 06/30/2019 OHICY# P8102619B249IND19

X PERSONAL INJURY PROTECTION
BENEFITS / PROPERTY DAMAGE LIABILITY
X BODILY INJURY

JOHNS Hopkins Health System
JHHS Treasury Services - Johns Hopkins at Keswick
Attn: Corp. Ins. 3910 Keswick Road, Suite S-4300D
Baltimore, MD 21211

'EAR: 2008

MAKE/ MODEL Freightliner Ambulance

/EHICLE ID # 1FVACWDJ38HZ37038

NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE

FLORIDA COMMERCIAL AUTO INSURANCE **IDENTIFICATION CARD**

OMPANY Travelers Indemnity Company 25658 EFFECTIVE 06/30/2019 OLICY # P8102619B249IND19

X PERSONAL INJURY PROTECTION
BENEFITS / PROPERTY DAMAGE LIABILITY
X BOOKLY INJURY

Johns Hopkins Health System
JHHS Treasury Services - Johns Hopkins at Keswick
DDRESS.

EAR: 2008

MAKE/ MODEL: Freightliner Ambulance

EHICLE ID # 1FVACWDJ38HZ37038

NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE

JOHNHOP-07 BHOLLANDER

THIS CARD MUST BE KEPT IN THE INSURED VEHICLE AND PRESENTED UPON DEMAND

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MISREPRESENTATION OF INSURANCE IS A FIRST DEGREE MISDEMEANOR

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FLORIDA COMMERCIAL AUTO INSURANCE IDENTIFICATION CARD

IDENTIFICATION CARD COMPANY Arch Insurance Company 09219 EFFECTIVE POLICY # 41CAB1020500 07/01/2019 PERSONAL INJURY PROTECTION BENEFITS / PROPERTY DAMAGE LIABILITY BODILY INJURY LIABILITY Paramedics Logistics Florida, LLC 12490 Ulmerton Road INSURED Largo, FL 33774 ADDRESS (lenegge) MAKE YEAR MODEL Fleet VEHICLE 19 # 31aims #: (877) 688-2724 NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE

FLORIDA VEHICLE REGISTRATION

CO AGY 4 2 4# 1092078472 B# 2475686

PLATI MIP51Y DECAL 09338829 Expires Midnight Tue 6/30/2020 YR MK 2017/HEMV BODY AM COLOR BLU Reg Lix 19 60 Class Code 1)) 111 2NKHHM6X2HM136408 11111 125572353 Inn Reg Tax Months Plate Type RSR MINI 19305 County Lee 3 (0) Back fax Mos Mail Fee Credit Class DI 1111) 590683252-02 Sales Tax Credit Months Date Issued 6/4/2019 Plate Issued 12/8/2016 Voluntary Fees Cirand Iolal

JOHNS HOPKINS ALL CHILDRENS HOSPITAL INC 501 6TH AVE S ST PETERSBURG, FL 33701-4634

IMPORTANT INFORMATION

- 1. The Florida ficense plate must remain with the registrant upon sale of vehicle
- 2 The registration must be delivered to a Tax Collector or Tan Agent for transfer to a replacement vehicle
- Your registration must be updated to your new address within 30 days of moving
- 4 Registration renewals are the responsibility of the registrant and shall occur during the 30 day period prior to the expiration date shown on this registration. Renewal notices are provided as a courtesy and are not required for renewal purposes.
- 5 I understand that my driver beense and registrations will be suspended immediately if the insurer denies the insurance information submitted for this registration.

RSR - RESTRICTED

FLORIDA VEHICLE REGISTRATION

MINI

CONOV 1 12 10020787 1175680

PLATE MINOTV

DECAL 09338936

16800

AM

Expires Midnight Tue 6/30/2020

TR MK 111 Plate lyne RSR

2017/KW BODY 2NKHHM6X0HM165535

COLOR 11111

BLU 127277010

Reg Lin Init Reg Counts Fee Mail Fee Sales Las

19 60 Class Code Tax Months 3 06 Back fax Mos Credit Class

117 13

DITTID 590683252-02 Date I said 6/4/2019

Plate issued 5/23/2017

Voluntary Lees Grand Intal

Credit Months

52 611

JOHNS HOPKINS ALL CHILDRENS HOSPITAL INC **501 6TH AVE S** ST PETERSBURG, FL 33701-4634

IMPORTANTINFORMATION

The Florida license plate must remain with the registrant upon sale of vehicle

The registration must be delivered to a lay Collector or Tag Agent for transfer to a replacement vehicle

Your registration must be updated to your new address within 30 days of moving

Registration renewals are the responsibility of the registrant and shall occur during the 3th-day period prior to the expiration date shown on this registration. Renewal notices are provided as a courtesy and are not required for renewal purposes

Funderstand that my driver license and registrations will be suspended immediately if the insurer denies the insurance information submitted for this registration

RSR - RESTRICTED

FLORIDA COMMERCIAL AUTO INSURANCE **IDENTIFICATION CARD**

COMPANY Arch Insurance Company

09219

POLICY # 41CAB1020500

EFFECTIVE DATE

07/01/2019

PERSONAL INJURY PROTECTION BENEFITS / PROPERTY DAMAGE LIABILITY

NAMED INSURED Paramedics Logistics Florida, LLC

12490 Ulmerton Road

ALIDRESS (lanoitae)

Largo, FL 33774

YEAR

MAKE

Fleet EVEHICLE 10 #

NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE

PERSONNEL RECORDS

NAME (LAST, FIRST	PROF. LICENSE	LICENSE ISSUE DATE	LICENSE EXPIRATION	CPR/ALS EXP
RUTTY, KRISTEN	RN9424794	01/21/2016	4/30/2021	ACLS 2022
PRAZNIK, AMY	RN9458802	04/27/2017	7/31/2020	ACLS 2022
MEEKE, CORI	RN9510502	05/08/2019	4/30/2021	ACLS 2022
BLUM, EDWARD	TT8061	03/27/1995	05/31/2021	ACLS 2021
FINCH, FAITH	RT9523	08/07/2008	05/31/2021	ACLS 2022
MCAULIFFE,	RT7236		5/31/2021	ACLS 2022
JEREMY		04/22/2003	-,,	71013 2022
LEFKOWITZ-WEBB,			07/31/2020	ACLS 2022
SARA	APRN9200051	03/06/2008		71025 2022
PEARCE, CARRON	RN9301513	12/15/2009	04/30/2021	ACLS 2022
SPENGLER,				7,013 2022
KRISTOPHER	RT10095	06/24/2009	05/31/2021	ACLS 2021
RHYMES,				, , cold LULI
WHITTNEY	TT12959	05/01/2006	5/31/2021	ACLS 2022
LUNDEEN,				, (CL) LUZZ
CHRISTOPHER	RT16684	03/09/2018	05/31/2021	ACLS 2021
MILLER, WALTER	RT7184	03/05/2003	05/31/2021	ACLS 2022
SAYERS ONEIL				TICLO ZOZZ
GARDNER, CHERYL	RN2061792	09/18/1989	04/30/2020	ACLS 2022
OCHIPA, PATRICA	RN1850662	08/31/1987	04/30/2020	ACLS 2022
SOMONDY, LISA	RN9518735	08/20/2019	04/30/2021	ACLS 2021
ARMSTRONG,				7,023 2021
MICHELE	RN9168224	06/12/2000	04/30/2020	ACLS 2021
SHEPHERD, DEAN	RT1714	07/22/1988	05/31/2021	ACLS 2022
HULL, GLENN	RT7540	02/24/2004	05/31/2021	ACLS 2022
MONAHAN, MEGAN	RT9306	04/08/2008	05/31/2021	ACLS 2022
BACON, JULIE			,,	LICED ZUZI
(PROGRAM				
MANAGER)	RN1797622	03/23/1987	4/30/2020	ACLS 2022