MCT Express, Inc. DBA United Medical Transportation

Martin County Application for COPCN

MARTIN COUNTY BOARD OF COUNTY COMMISSIONERS

EMERGENCY MEDICAL SERVICES AND TRANSPORTATION
Certificate of Public Convenience and Necessity

APPLICATION

1. **CERTIFICATE CLASSIFICATION REQUESTED** **(see attachment for classification)**

   CLASS A_____ CLASS B ✓ CLASS C ✓

2. **TYPE OF APPLICATION**

   NEW ✓ ALS ✓ BLS ✓

   RENEWAL_____ ALS_____ BLS_____

3. **DATE OF APPLICATION** June 12, 2019

4. **APPLICATION FEE ATTACHED** YES ✓ NO _____

APPLICATION FEE OF $100.00 APPLIES TO INITIAL APPLICATIONS ONLY. THE APPLICATION FEE IS WAIVED FOR CERTAIN APPLICANTS. REFER TO THE ATTACHMENT FOR INFORMATION. If payment is applicable, the check must be made payable to: Martin County Board of County Commissioners.

FOR OFFICIAL USE ONLY

Date Application Received_____

Date reviewed by EMS Advisory Council_____ Recommended _____ Not Recommended_____
Reason for not Recommending:

Date reviewed by BCC_____ Approved_____ Not Approved_____
Reason for not Approving:

5. **NAME OF AMBULANCE SERVICE**

   MCT Express, Inc. DBA United Medical Transportation

6. **MAILING ADDRESS**

   2766 NW 62 Street

7. **CITY** Miami _____ **COUNTY** Dade

   ZIP CODE 33147 _____ **BUSINESS PHONE** 305-779-0505

8. **MANAGER'S NAME** Victor Rego

ADDRESS 2766 NW 62 Street Miami, Florida 33147
PHONE 786-256-1073

9. **PROVIDE NAMES OF OWNER(S) OR LIST ALL OFFICERS, PARTNERS, DIRECTORS, AND SHAREHOLDERS, IF APPLICABLE (attach a separate sheet if necessary)**

NAME	ADDRESS	POSITION
Ray Gonzalez	2766 NW 62 Street Miami, Florida 33147	
Renee Gonzalez	2766 NW 62 Street Miami, Florida 33147	

10. **PROVIDE THE NAMES AND ADDRESSES OF AT LEASE THREE (3) LOCAL REFERENCES FROM LICENSED MEDICAL FACILITIES OPERATING IN MARTIN COUNTY**

Rochelle Albert D.O.N. Stuart Rehabilitation and Healthcare 772-283-5887

Denise Bayerlin D.O.N. Solaris Healthcare 772-287-9912

Lorraine Oneill, Stuart Lodge Assisted Living 772-463-7133

11. **PROVIDE SOURCE OF FUNDING**

All Funding is provided by ownership.

12. **RATE SCHEDULE ATTACHED** YES ✓ NO____ N/A____

13. **LIST THE ADDRESSES OF YOUR BASE STATION AND ALL SUB-STATIONS**

7355 Commercial Circle, Bay 4 Fort Pierce, Florida 34951

14. **STATEMENT INDICATING THE PUBLIC NEED AND SERVICES,** INCLUDING STUDIES SUPPORTING THE DEMONSTRATED DEMAND AND FEASIBILITY FOR THE PROPOSED SERVICE(S) AND DEFICIENCIES IN EXISTING SERVICES AND ANY OTHER PERTINENT DATA YOU WISH TO BE CONSIDERED **Please see attached.**

15. **STATEMENT OF THE PROPOSED SERVICES TO BE PROVIDED**, INCLUDING TYPE OF SERVICE, HOURS AND DAYS OF OPERATION, NUMBER AND TYPE OF VEHICLES, MARKET TO BE SERVICED, GEOGRAPHIC AREAS TO BE SERVICED AND ANY OTHER PERTINENT DATA YOU WISH TO BE CONSIDERED.**Please see attached.**

16. COMMUNICATIONS INFORMATION

Radio Frequency(ies) **461.375 463.900a 452.225 464.8375 462.475**

Radio Call Number(s) **All radio frequencies are rented through Highland Wireless. Please see attached.**

17. LIST ALL HOSPITALS AND OTHER EMERGENCY AGENCIES WITH WHICH YOU HAVE DIRECT RADIO COMMUNICATIONS

FROM AMBULANCE FROM BASE STATION

Statewide Medical 8 frequency available from ambulances and base station 167.9.
County Medical Coordination available from ambulances and base station 118.8.

18. ATTACH THE FOLLOWING COMPLETED DOCUMENTS WITH APPLICATION

- é INSURANCE VERIFICATION
- é COPY OF STANDARD OPERATING PROCEDURES
- é COPY OF MEDICAL PROTOCOLS
- é FEE SCHEDULE
- é CURRENT STATE OF FLORIDA ALS/BLS LICENSE(S) **Attached please find a copy of an application for the State of Florida Department of Health requesting a new license for MCT Express, Inc. DBA United Medical Transportation. MCT Express, Inc. is currently licensed by the State of Florida in Dade and Broward Counties, but the new entity MCT Express, Inc DBA United Medical Transportation cannot obtain a new State license until receiving a COPCN from Martin County.**

19. I hereby certify that I/This service (circle one) will provide continuous service on a 24-hour, 7-day week basis. I, undersigned representative of the above service, do hereby attest that my service meets all requirement for operations of an ambulance service in the State of Florida as provided in Chapter 401, Part III, Florida Statues, Chapter 64E, Florida Administrative Code, and that I agree to comply with all the provisions of Chapter 87, Article 4, (Emergency Medical Service and Transportation) Code of Laws and Ordinances of Martin County, Florida.

I further acknowledge that discrepancies discovered during the effective period of the certificate of Public Convenience and Necessity will subject this service and it's authorized representatives to corrective action and penalty provided in the referenced authority.

TO THE BEST OF MY KNOWLEDGE, ALL STATEMENTS ON THIS APPLICATION ARE TRUE AND CORRECT.

Authorized Signature — Title: V.P

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

The foregoing instrument was acknowledged before me this 19 day of June, 2019.

by Rene Gonzalez. X Personally known to me, or

_____ Produced Identification _____

Type of I.D.

NOTARY PUBLIC

MY COMMISSION EXPIRES

January 8 2022.

State of Florida at Large

JORGE CURBELO
MY COMMISSION # GG 173283
EXPIRES: January 8, 2022
Bonded Thru Notary Public Underwriters

Fictitious Name Detail

Fictitious Name

UNITED MEDICAL TRANSPORTATION

Filing Information

Registration Number	G19000055042
Status	ACTIVE
Filed Date	05/06/2019
Expiration Date	12/31/2024
Current Owners	1
County	MULTIPLE
Total Pages	1
Events Filed	NONE
FEI/EIN Number	NONE

Mailing Address

2766 NW 62 ST
MIAMI, FL 33147

Owner Information

MCT EXPRESS, INC.
2766 NW 62 ST
MIAMI, FL 33147
FEI/EIN Number: 65-1002016
Document Number: P00000009297

Document Images

05/06/2019 -- Fictitious Name Filing View image in PDF format

Introduction to MCT Express, Inc DBA United Medical Transportation

MCT Express Ambulance was founded in Miami Dade County in 2001 and has ben providing ambulance and non-medical transportation through our affiliated companies operations on an ongoing basis. In 2016 we commenced operations in Broward County. We are a family owned organization and closely manage our ongoing operations. We are in the process of growing our ambulance operations statewide within Florida.

MCT Express provides a "one stop shop" for all levels of medical and non-medical transportation. Through our medical division we provide Basic Life Support, Advanced Life Support and Critical Care Transportation. MCT Express also provides a "Community Paramedic Program" which is seeing significant growth in south Florida. Through our non-medical division, we deliver ambulatory, wheelchair, and non-medical stretcher services.

Our organizations passion for providing a high level of service clinical services through our educated team members is evidenced through the customers we serve today. We are currently the exclusive provider to Jackson Health Systems in Miami Dade County and have contracted with Baptist Health System for many years. Most recently, MCT Express has been awarded the exclusive agreement to provide all levels of medical and non-medical transportation for Broward Health in Broward County. MCT Express also has a multitude of ambulance and non-medical agreements with managed care organizations, skilled nursing facilities, assisted living facilities, hospice programs and other healthcare providers throughout Miami Dade and Broward Counties. MCT Express also provides Basic Life Support services in Miami Dade County through an agreement with Miami Dade Fire Rescue.

MCT Express utilizes state of the art equipment in our ambulances to guarantee delivery of superior clinical services, as well as training and education for all EMT's and paramedics ensuring that their clinical skills are up to date for the patients we serve. MCT Express manages an inhouse statewide dispatch center twenty-four hours per day, facilitating transportation and coordination logistics for our private and public sector partners and their patients.

We are extremely pleased that Dr. Peter Antevy is the Medical Director for MCT Express, Inc. DBA United Medical Transportation in Martin County. Dr. Antevy is a Board-Certified Emergency Physician who is also the Medical Director for several Florida fire services. Dr. Antevy is deeply involved in emergency medical services and has recently been recognized by his peers on national basis as "Medical Director of the Year".

Victor Rego who has fifteen years of experience will lead the team in Martin County. Victor spent the first fourteen years of his career with American Ambulance in Miami. Victor rose through the ranks at American to become General Manager of American's Miami Dade operation, responsible for over fifty ambulances and three hundred plus personnel. Victor is a paramedic who is also an instructor for the "Critical Intensive Care Paramedic" (CICP) certification program through Cleveland Clinic of Ohio. Victor was one of the paramedics certified in The CICP program in the State of Florida. Victor is an instructor involved in educating paramedics at the "Community Paramedic" level. Victor has been with MCT Express for the last year and we could not be more pleased to have him on board.

Jorge Curbelo is our General Manger responsible for oversight of the entire operation. Jorge has been with MCT Express since 2008. Jorge began his career with MCT Express as an EMT and rose through the ranks to his current position. Jorge is responsible for all administrative oversight which includes vehicles, staffing, payroll, fleet maintenance, quality assurance and all administrative functions. Jorge functions with a team of experienced managers and supervisors who collectively bring over one hundred years of experience in private sector emergency medical services.

Amaury Rodriguez is our Communications Manager and has been with the organization since 2003. Amaury oversees a communication center which currently dispatches over three hundred ambulance transports daily. Amaury is experienced in our Zoll data system and ensures smooth delivery of service to each our private and pubic sector partners each day through his staff.

It is important to note that that MCT Express and United Medical Transportation are part of a much larger organization in the State of Florida which employs over nineteen hundred personnel Statewide. Some of the other services provided by

our sister companies are para-transit services, trolley services, shuttle services, executive transportation service, taxi transportation service, call center services and support functions. Over the past decade our organization has collectively delivered transportation services to millions of Floridians and visitors to the State of Florida.

We have attached the training certificates of Mr. Victor Rego for your review.

Statement Indicating the Public Need and Services

MCT Express, Inc. DBA United Medical Transportation has closely examined and evaluated Martin County from the prospective of a private ambulance provider to determine if Martin County would benefit from an additional private sector provider. We examined several factors.

In 2010 the population of Martin County was 146,582 and the 2018 census reports a population of 160,912, this is a 9.6% increase in an eight-year period. This represents significant growth in an eight-year period. The 2018 census also indicates that 30.4% of the population is sixty-five years old or older. The senior population is more likely to require inter-facility ambulance transportation than any other population.

Currently there are four private sector ambulance providers in Martin County. Advanced Medical Transport, which is owned by Cleveland Clinic Martin Health, All County Ambulance, American Medical Response, and We Care. Advanced Medical Transport provides service for Cleveland Clinic Martin Health, but not other healthcare entities in Martin County. All County Ambulance and American Medical Response are available to all healthcare entities and We Care is not available round the clock.

In speaking with skilled nursing facilities in Martin County we have been told that when an ambulance is required on an inter-facility basis because the patient does not rise to the level of requiring 911, there are times when there is a delayed response to this level patient. MCT Express, Inc. DBA United Medical Transportation will be available to all healthcare entities providing a timely response round the clock.

It has been a number of years since Martin County granted a COPCN for a private sector inter-facility ambulance provider and based on the growth Martin County has seen coupled with the need for appropriate response time's to inter-facility requests, there is a need for additional resources.

Statement of Proposed Services to Be Provided

MCT Express, Inc. DBA United Medical Transportation will provide Basic Life Support, Advanced Life Support and Critical Care Transportation. Non-medical services provided are ambulatory, wheelchair and non-medical stretcher service.

MCT Express, Inc. DBA United Medical Transportation will operate twenty-four hours per day, seven days per week. We will begin operations with four ambulances and add vehicles as demand for service increases. We will begin service with two Type II and two Type III ambulances. Service will be available to any healthcare provider who has need for non-emergency ambulance (ALS, BLS and CCT) and any healthcare provider who requires non-medical transportation services (ambulatory, wheelchair and Non-medical stretcher service). We will provide service within the geographic boundaries of Martin County.

MCT Express, Inc. DBA United Medical Transportation Service will provide "Critical Care Transportation" (CCT) shortly after our initial startup. The CCT program certifies paramedics through the "Critical Intensive Care Paramedic" (CICP) developed by Cleveland Clinic of Ohio. We provide CCT in markets that we currently serve and have found the program to be well received and highly utilized by healthcare providers in the market, providing ground ambulance transportation for the acutely ill patient in need of inter-facility service.

Site	Name	County	Freqs					
001 (1)	Miami	Miami-Dade	471.225	471.5375	471.550	471.675	472.0625	472.075
			472.425a	472.900c				
002 (2)	Delray	Palm Beach	470.550	470.800	471.050a	471.3625c	471.4375	472.087
			472.9625					
003 (3)	Fort Lauderdale	Broward	471.350	471.600	471.900c	472.100	472.350a	472.575
			472.950					
004 (4)	Palm City	Martin	461.375	463.900a	452.225	464.8375	462.475	
005 (5)	Coral Springs	Broward	471.6125	471.950	472.975c			
006 (6)	Hallandale Beach	Broward	470.950	471.325	472.825a	472.200	472.2125	472.300
			471.625					
007 (7)	West Palm	Palm Beach	461.475	462.200c	463.325a	463.750	464.0625	464.850
008 (8)	Orlando	Orange	461.475	463.39375	463.625c	464.0625	464.400	
009 (9)	Vero Beach	Indian River	462.175	463.500	463.7875	464.300c	464.825a	
010 (A)	Sunrise	Broward	471.100	471.325	471.725c	471.850a		
011 (B)	Cutler Ridge	Miami-Dade	470.375	471.525c	471.800	472.750a		
012 (C)	Okeechobee	Okeechobee	464.2625	464.600a	464.9375c			
013 (D)	Lakeland	Polk	463.575c	461.200	462.000a	461.275	451.0875	451.131:
014 (E)	Davie	Broward	451.5375c					
015 (F)	Tampa	Hillsborough	454.25938a	454.64063c				
016 (10)	Fort Lauderdale	Broward	462.00625a	461.625	462.5275	462.275a		
017 (11)	Deerfield Beach	Broward	462.500c					
018 (12)	Princeton	Miami-Dade	470.900	471.150c	471.450a	471.700		
019 (13)	Fort Pierce	St. Lucie	461.68125a	461.900a	462.5375c			
020 (14)	Oldsmar	Pinellas	452.300a	452.800c				
021 (15)	Lecanto	Citrus	463.225c	463.600a				
022 (16)	Jacksonville	Duval	461.9375c	463.7125c	463.5125a	461.8875	464.450	
023 (17)	St. Augustine	St. Johns	461.9125a	462.075c	462.1625a			
024 (18)	Daytona Beach	Volusia	451.725c	452.025	463.725			
025 (19)	Miami	Miami-Dade	470.925c	461.400	461.675	461.850		
026 (1A)	Buena Vista	Orange	461.075c	463.450	463.79375	464.175a		
027 (1B)	Sanford	Seminole	461.74375a	463.31875a	463.70625c	461.500a		
028 (1C)	Palatka	Putnam	0.000	0.000	0.000	0.000		
029 (1D)	Lantana	Palm Beach	454.48125a	454.53125c	454.58125a			
030 (1E)	Orlando	Orange	452.175a	451.375c	451.675a			
031 (1F)	Rotonda	Charlotte	461.575c					
032 (20)	Miami International Airport	Miami-Dade	472.700c					
033 (21)	St. Cloud	Osceola	454.15625c	454.28125	454.43125a	454.59375	454.60625a	
034 (22)	Bithlo-2	Orange	454.26875c	454.54375	454.31875	454.55625	454.41875	
035 (23)	North Lakeland	Polk	452.10625c					
036 (24)	Clermont	Lake	461.325c	461.650a	462.525			
037 (25)	Ocala	Marion	463.875c	461.350				
038 (26)	Tavernier	Monroe	452.000c	452.725a				
039 (27)	Gainesville	Alachua	463.825	452.275				
040 (28)	Jupiter	Palm Beach	463.200a	464.025c	462.7375a			
041 (29)	Rental Site - Trailer		461.025c					

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/16/19

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 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
Procom Insurance Underwriters
4909 SW 74th Ct.
Miami, FL 33155
Phone (305) 740-4460 Fax (305) 740-4469

CONTACT NAME: ISIDRO GUILLAMA
PHONE (A/C, No, Ext): (305)740-4460 FAX (A/C, No): (305)740-4469
E-MAIL ADDRESS: mbruna@procomcorp.com

INSURER(S) AFFORDING COVERAGE — NAIC #
INSURER A : Certain Underwriters At Lloyds — 15792
INSURER B :
INSURER C :
INSURER D :
INSURER E :
INSURER F :

INSURED
Mct Express,Inc.dba Miami Dade Ambulance,Super Nice Sts,Inc Medical Car Transportation Inc,Transportation America,Supernice Cab Corp,Medical Care Transportation dba Zuni Transportation 2766 NW 62 ST -Miami Fl 33147

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	
	GENERAL LIABILITY							
	☑ COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 2,000,000.00
	☐ CLAIMS-MADE ☑ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 250,000.00
A	☑ 10,000 Deductible	Y		MSH02730831	08/16/2018	08/16/2019	MED EXP (Any one person)	$ 5,000.00
	☐						PERSONAL & ADV INJURY	$ 1,000,000.00
							GENERAL AGGREGATE	$ 4,000,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$ 1,000,000.00
	☐ POLICY ☐ PRO-JECT ☐ LOC							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	☐ ANY AUTO						BODILY INJURY (Per person)	$
	☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ☐ NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
	☐ ☐							$
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	DED ☐ RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						☐ WC STATU-TORY LIMITS ☐ OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ N / A (Mandatory in NH)						E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Medical Professional Liability Incld.			MSH02730831	08/16/2018	08/16/2019	$ 1,000,000 EACH CLAIM / $ 3,000,000 AGG	

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

A 1,000,000 SEXUAL ABUSE -EACH CLAIM/ 3,000,000 SEXUAL ABUSE AGGREGATE /MOLESTATION
A GENERAL LIABILITY $10,000 DEDUCTIBLE.
A PROFESSIONAL LIABILITY $10,000 DEDUCTIBLE

TRANSPORTATION COMPANY- NON EMERGENCY VEHICLES.
CERTIFICATE HOLDER ARE NAMED AS ADDITIONAL INSURED

CERTIFICATE HOLDER

MARTINCOUNTY FLORIDA
2401 MONTEREY ROAD
STUAR FL 34996

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
ISIDRO GUILLAMA

© 1988-2010 ACORD CORPORATION. All rights reserved.
The ACORD name and logo are registered marks of ACORD

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 5/8/2019

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

Global Affinity Managers, Inc.
909 Castle Point Terrace

Hoboken NJ 07030

CONTACT NAME: Robert Isacsen
PHONE (A/C, No, Ext): (201) 744-8395 FAX (A/C, No):
E-MAIL ADDRESS: bisacsen@optonline.net

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Hartford Fire Insurance Co	19682
INSURER B : General Star National Insurance Co.	11967
INSURER C : Hartford Fire Insurance Co	19682
INSURER D :	
INSURER E :	
INSURER F :	

INSURED

MCT Express, Inc. DBA United Medical Transportation

2766 NW 62nd Street
Miami FL 33147

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	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	CLAIMS-MADE / OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$
	OTHER:							$
A	AUTOMOBILE LIABILITY			12 CSE S50302	01/01/2019	01/01/2020	COMBINED SINGLE LIMIT (Ea accident)	$ 300,000
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB / OCCUR			NCG927724B	01/01/2019	01/01/2020	EACH OCCURRENCE	$
	EXCESS LIAB / CLAIMS-MADE						AGGREGATE	$ 700,000
	DED / RETENTION $							$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			12 WN S50301	01/01/2019	01//1/2020	PER STATUTE / OTHER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: N	N/A					E.L. EACH ACCIDENT	$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000

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

Certificate holder is additional insured as respects to auto liability.

CERTIFICATE HOLDER

Martin County, Florida

2401 Monterey Road
Stuart, FL 34996

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

© 1988-2015 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD

Standard Operating Procedures is a separate document due to size.

Medical Protocols is a separate document due to size.

Rate Schedule Martin County

Basic Life Support Base Fee, $318.00

Advanced Life Support Base Fee, $452.00

Advanced Life Support II Base Fee, $795.00

Critical Care Transportation Base Fee, $895.00

Oxygen, $46.00

Mileage, $10.50

Waiting Time Per Hour, or fraction thereof.

Advanced Life Support $181.00

Basic Life Support $165.00

Rate Schedule Martin County Non-Medical Transportation

- Stretcher Service $95.00 Within 10 Miles After 10 Miles $2.00 Per Mile
- Wheelchair Service $45.00 Within 10 Miles After 10 Miles $2.00 Per Mile
- Ambulatory Service $35.00 Within 10 Miles After 10 Miles $2.00 PER Mile

STATE OF FLORIDA
DEPARTMENT OF HEALTH
EMERGENCY MEDICAL SERVICES PROGRAM
GROUND AMBULANCE SERVICE PROVIDER LICENSE APPLICATION

Type of application (Check all that apply):

New ✔ Renewal ____
ALS ✔ BLS Transport ✔

Change of Name ☐ Change of Address ☐

1. Name of Service MCT Express, INC. DBA United Medical Transportation Provider ID# ____
Mailing address 7355 Commercial Circle Bay 4 Fort Pierce, Florida 34951 City Fort Pierce State Florida
Physical address of records 2766 NW 62 Street City Miami State Florida
County Dade Zip Code 33147 Phone Number
Fax Number 24 Hour Number
Internet E-mail address vrego@mdambulance.net

Manager's Name Victor Rego Title General Manager

Type of Ownership (check **all** that apply):

Private ✔ City ____ Not for Profit ____
Volunteer ____ County ____ Special Tax District ____
Fire Department ____ Hospital Based ____ Other (Describe) ____
Corporation ____ For Profit ____

2. Medical Director Dr. Peter Antevy
Mailing Address 3501 Johnson Street Suite 103
City Hollywood State Florida Zip Code 33021
Phone Number 954-707-2692 Fax Number
Florida License Number ME 93139 Exp. Date Jnauary 31, 2021
D.E.A. Certificate Number BA9226603 Exp. Date 06-30-2020
(Attach separate sheet if more than one Medical Director. Also attach copy of Florida medical license and D.E.A. certificate for each)

3. Provide name of owner(s) or list all officers, directors and share holders (if a corporation) **(attach separate sheet if necessary)**

Name	Address	Position
Raymond Gonzalez	2766 NW 62 Street Miami, Florida 33147	President
Renee Gonzalez	2766 NW 62 Street Miami, Florida 33147	Vice President

4. List the address and/or describe the location of your base station and all substations (attach separate sheet if necessary).
7355 Commercial Circle Bay 4 Fort Pierce, Florida 34951 Base Station

5. Identify the counties to be served by your service.
Martin County, St. Lucie County and Indian River County. Existing COPCN's in Miami Dade and Broward Counties.

6. You must have communication capability between your ambulance and hospital. List means of communication:

Two way radio communication. St. Lucie County County Medical Coordination Med I 136.5 and Statewide Medical Coordination Med 8 167.9

7. Attach the following:

Attachment #1 Certificate of Public Convenience and Necessity (for each county in which you operate).

Attachment #2 Application for ambulance permit(s) DH Form 1510 (multiple vehicle permit application).

Attachment #3 Insurance verification - copy of insurance policy, certificate of insurance or certificate of self-insurance showing limits of auto liability coverage and expiration date. Must also list schedule of vehicles covered if not blanket coverage or self insured.

Attachment #4 Trauma Transport Protocols signed by the current Medical Director.

Attachment #5 Verification of Medical Director employment, (i.e. fully executed contract, letter of agreement, etc.)

Attachment #6 Copy of the Medical Director's Florida medical license.

Attachment #7 Copy of the Medical Director's D.E.A. certificate if ALS

8. If you are permitting aircraft under an ALS license application, please attach the following information:

Attachment #8 Application(s) for air ambulance permit(s) - for each aircraft requested. Must be completed and signed.

Attachment #9 Medical Malpractice/professional liability insurance for all air medical crew members and medical director.

Attachment #10 Insurance verification - copy of insurance policy, certificate of insurance or certificate of self-insurance showing limits of coverage, policy expiration date and FAA number of each aircraft

Attachment #11 Pilot licensure - Copy of each pilot's commercial license and current medical certificate.

Attachment #12 Air worthiness certificate- Copy of the air worthiness certificate for each aircraft permit you are applying for.

9. Fees are established by §401.34, Florida Statutes. Check or money order should be made payable to Emergency Medical Services. All fees are nonrefundable.

10. Check the box that applies

☑ I hereby certify that this service will provide continuous service on a 24-hour day, 7-day week basis.

☐ I hereby certify that this service will provide interfacility transport only and may not be available 24 hours a day 7 days a week.

11. I, the undersigned, a representative of the above service do hereby attest that this licensee meets all requirements for operation of an ambulance service in the state as provided in Chapters 395 and 401, Florida Statutes, and Chapter 64J-1, Florida Administrative Code. I further acknowledge any violations or discrepancies discovered will subject this service and it's authorized representatives to actions and penalties provided by law.

To the best of my knowledge, all statements on this application are true and correct.

Signature

NOTARY SEAL

Notary Public

RENE GONZALEZ
Name (Please Print)

January 8 2022
My commission Expires Date

V.P.
Position

JORGE CURBELO
MY COMMISSION # GG 173283
EXPIRES: January 8, 2022
Bonded Thru Notary Public Underwriters

June 19, 2022
Date

FALSE OFFICIAL STATEMENTS: 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. § 837.06, Florida Statutes.

AGREEMENT

This is an agreement, entered into this __1st__ day of _May__, 2019, made and entered into by and between MCT Express Inc., hereinafter referred to as "SERVICE", and C3MD, whose address is 11870 W. State Road 84, Suite C5, Davie, FL 33325, hereinafter referred to as "MEDICAL DIRECTOR".

WITNESSETH

WHEREAS; Inter-facility transport and emergency medical services are provided by the SERVICE for citizens in need;

WHEREAS, the delivery of Basic Life Support and Advance Life Support by trained Emergency Medical Technicians (E.M.T.'s) and Paramedics requires the administration of resuscitative drugs and performance of sophisticated technical emergency procedures; and

WHEREAS, the administration of drugs and performance of such emergency procedures as endotracheal intubation, cardio pulmonary resuscitation and any other invasive emergency procedure may only be performed under the direction of a Florida licensed physician according to the medical practice act of the State of Florida; and

WHEREAS, the SERVICE is desirous of obtaining the services of MEDICAL DIRECTOR and to provide the training as contemplated herein to the SERVICE employees; and

WHEREAS, MEDICAL DIRECTOR is desirous of providing such services to the SERVICE and is a licensed physician in the State of Florida; and

WHEREAS, the SERVICE wishes to comply with all State of Florida Statues and all rules and regulations of the State of Florida.

NOW THEREFORE, in consideration of the mutual terms and conditions, promises, covenants and payments hereafter set forth, SERVICE and MEDICAL DIRECTOR hereby agree as follows:

ARTICLE (I) SCOPE OF SERVICE

MEDICAL DIRECTOR shall provide the following services:

a) Consult in planning for emergency medical services provided by the SERVICE including recommendations for the provision of vehicles, equipment, supplies, distribution of resources, personnel, and emergency medical technicians training.
b) Devise training programs as required by state law in order to meet the Paramedic re-certification standards with assistance from the SERVICE, this should also include programs for advance cardiac life support certification.
c) Co-ordinate the hospital and emergency department liaison between the various community hospitals and the emergency medical services of the SERVICE.
d) Co-ordinate the telemetry radio communications of the SERVICE ambulance units for the purpose of medical supervision of on-site emergency medical care of the Paramedics.
e) Ride with the Paramedics on a periodic basis to provide on-site training and evaluation.
f) Provide regular review of medical reports prepared by the E.M.T.'s and Paramedics and review all problem cases as necessary.
g) Maintain active membership in the Florida Association of EMS Medical Directors and the National Association of EMS Physicians.
h) It is understood and agreed that MEDICAL DIRECTOR may utilize the services of an associate physician, but that at all times, MEDICAL DIRECTOR shall be responsible for any certifications, advice, and participation in the program of said associate as if he were performing said services personally.
i) Provide all serves as are specifically contained in section 64E-2.004 of the Florida Administrative Code.

ARTICLE (II)

The SERVICE agrees to the following:

(a) Service will provide administrative liaison to MEDICAL DIRECTOR through the direction of its Director of Operations and will cooperate to the greatest possible extent in the delivery of the policies set by MEDICAL DIRECTOR.
(b) Provide Professional Liability Insurance. During the term of this agreement, MCT Express, Inc. will provide and maintain professional liability coverage insuring MEDICAL DIRECTOR for his professional activities in the course of his engagement as Medical Director for MCT Express, Inc. at the company's expense, and in the amounts and of the type customarily maintained for Medical Director (s) of the company. Said policy will name MEDICAL DIRECTOR as an additional insured. MEDICAL DIRECTOR and MCT Express, Inc. understand and acknowledge that the aforementioned coverage is limited to those professional services conducted exclusively while serving as an agent of MCT Express, Inc. and not for any professional services rendered outside of the purview of ambulance services provided by MCT Express, Inc.
(c) To pay MEDICAL DIRECTOR as follows: ($35,000 annually for term of contract). Payments shall be made monthly in the amount of $2,916.66.

ARTICLE (III)

This agreement shall be for the term of (2) two years from the _1st__day of _May___, 2019. This agreement shall continue for successive yearly terms unless either party gives notice to the opposite party of its intent not to renew this agreement for another yearly term. Said intent must be sent via certified mail not later than (30) days prior to the expiration of this agreement.

The SERVICE shall have the right to terminate this agreement other than specified above only upon the following;

(1) That MEDICAL DIRECTOR has failed to comply with the terms of this agreement.

(2) That MEDICAL DIRECTOR has failed to provide competent services as medical director.

(3) That MEDICAL DIRECTOR is unable to perform services as provided for herein for some reason not attributable to the SERVICE.

ARTICLE (IV)

It is further agreed that no modifications, or alterations in the terms or conditions contained herein shall be effective unless contained in a written document executed with the same formality and equal dignity herewith.

IN WITNESS WHEREOF, the parties have hereunto set their hands and seals the day and year first above written.

ATTEST:

By: Chief Executive Officer
Ray Gonzalez

By: MEDICAL DIRECTOR
Dr. Peter Antevy

By: Witness

ELLIOT HOSPITAL

New England EMS Institute

Manchester, New Hampshire

It is hereby certified that

Victor Rego

has successfully completed the requirements for

a 32 hour program entitled

Certified Intensive Care Provider Renewal

March 9, 2018

Date

Course No.

Program Director

Medical Director

EMS Educator

NEW ENGLAND EMS INSTITUTE

(MET)

CERTIFIED INTENSIVE CARE PROVIDER

Elliot Hospital

Victor Rego

Has successfully completed the
Certified Intensive Care Provider program demonstrating knowledge, and ability to that of the critical care level.

03/15/18
Card Issue Date

03/31/21
Expiration Date

Renewal
Program Number

FL
Program Location

Certified Intensive Care Provider

This is to certify that

Victor Rego

has successfully completed all of the requirements of the

Certified Intensive Care Provider
program sponsored by
Critical Care Onsite LLC.
in partnership with
The Cleveland Clinic Health System EMS Academy

Valid as of April 15th, 2010
Certificate Number: 04151013D-24

Richard R. Moskalski Jr.
Critical Care Education Coordinator

Daniel Zezena Jr.
Director-EMS Academy

Course Number
09020410-D

Cleveland Clinic
EMS Academy

Course Location
Critical Care Onsite LLC.

Cleveland Clinic
EMS Academy

Certified Intensive Care Provider

Continuing Education Units (CEU) Breakdown

90 CEU Hours (Approved by OH DOH as of 4/10)

EMS Operations	1 CEU	Cardiology	24 CEU's	Medical	10 CEU's
Miscellaneous	12 CEU's	Trauma	13 CEU's	Airway/Ventilation	18 CEU's
Obstetrics	4 CEU's	Pediatrics	8 CEU's		

(This is not a CEU certificate)

©CCHS-WR EMS Academy 2006

BASIC LIFE SUPPORT

BLS Provider

American Heart Association®

PEEL HERE

Victor Rego

The above individual has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association Basic Life Support (CPR and AED) Program.

August 8,2018	**August, 2020**
Issue Date	Recommended Renewal Date

BASIC LIFE SUPPORT

Training Center Name	E.E.I.I.		TC ID # FL4404
TC Info	Coral Springs Fl. (City, State)	33065 (ZIP)	(954) 753-6869 (Phone)
Course Location	Broward County	(954) 540-5691	
Instructor Name	Stephen Parr		Inst. ID # 01080665156
Holder's Signature			

© 2015 American Heart Association *Tampering with this card will alter its appearance.* 15-1805

This card contains unique security features to protect against forgery.

15-1805 11/15

PEDIATRIC ADVANCED LIFE SUPPORT

PALS Provider

American Heart Association. | American Academy of Pediatrics

Victor Rego

The above individual has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association Pediatric Advanced Life Support (PALS) Program.

Issue Date	Recommended Renewal Date
8/9/2018	08/2020

To view or verify authenticity, students and employers should scan this QR code with their mobile device or go to www.heart.org/cpromycards.

PEDIATRIC ADVANCED LIFE SUPPORT

Training Center Name	Emergency Educational Training Institute, Inc.
Training Center ID	FL04404
TC Address	9900 W Sample Rd #203 Coral Springs FL 33065 USA
TC Phone	(754) 900-1224
Instructor Name	Stephen Parr
Instructor ID	01080665156

© 2016 American Heart Association 15-3008 10/16

Directions

1. Cut along dotted lines
2. Fold both halves together
3. Use adhesive to combine halves

PEDIATRIC ADVANCED LIFE SUPPORT

PALS Provider

American Heart Association. | American Academy of Pediatrics

Victor Rego

has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association Pediatric Advanced Life Support (PALS) Program.

Issue Date
8/9/2018

Training Center Name
Emergency Educational Training Institute, Inc.

Training Center ID
FL04404

Training Center Address
9900 W Sample Rd #203
Coral Springs FL 33065 USA

Training Center Phone Number
(754) 900-1224

Recommended Renewal Date
08/2020

Instructor Name
Stephen Parr

Instructor ID
01080665156

eCard Code
187006098377

QR Code

To view or verify authenticity, students and employers should scan this QR code with their mobile device or go to www.heart.org/cpr/mycards.

© 2016 American Heart Association. All rights reserved. 15-3006 10/16

ADVANCED CARDIOVASCULAR LIFE SUPPORT

ACLS Provider

American Heart Association.

Victor Rego

has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association Advanced Cardiovascular Life Support (ACLS) Program.

Issue Date
8/6/2018

Training Center Name
Emergency Educational Training Institute, Inc.

Training Center ID
FL04404

Training Center Address
9900 W Sample Rd #203
Coral Springs FL 33065 USA

Training Center Phone Number
(754) 900-1224

Recommended Renewal Date
08/2020

Instructor Name
Stephen Parr

Instructor ID
01080665156

eCard Code
186506098104

QR Code

To view or verify authenticity, students and employers should scan this QR code with their mobile device or go to www.heart.org/cpr/mycards.

© 2016 American Heart Association. All rights reserved. 15-3000 3/16

ADVANCED CARDIOVASCULAR LIFE SUPPORT

ACLS Provider

American Heart Association.

Victor Rego

The above individual has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association Advanced Cardiovascular Life Support (ACLS) Program.

Issue Date	Recommended Renewal Date
6/6/2018	08/2020

To view or verify authenticity, students and employers should scan this QR code with their mobile device or go to www.heart.org/cpr/mycards.

ADVANCED CARDIOVASCULAR LIFE SUPPORT

Training Center Name	Emergency Educational Training Institute, Inc.
Training Center ID	FL04404
TC Address	9800 W Sample Rd #203 Coral Springs FL 33065 USA
TC Phone	(754) 900-1224
Instructor Name	Stephen Parr
Instructor ID	01080665156

© 2016 American Heart Association 15-3000 3/16

Directions

1. Cut along dotted lines
2. Fold both halves together
3. Use adhesive to combine halves

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	CERTIFICATION NO.	CONTROL NO.
11/15/2018	PMD 513659	204903

AMEDIC
low has met all requirements of
ind rules of the state of Florida.
Date: DECEMBER 1, 2020
REGO
RWAY HEIGHTS BLVD
33157

Rick Scott
GOVERNOR

Celeste M. Philip, M.D., M.P.H.
Surgeon General and Secretary

DISPLAY IF REQUIRED BY LAW

STATE OF FLORIDA AC#
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	CERTIFICATION NO.	CONTROL NO.
11/15/2018	PMD 513659	204903

The PARAMEDIC
named below has met all requirements of
the laws and rules of the state of Florida.
Expiration Date: DECEMBER 1, 2020

VICTOR A REGO

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	CERTIFICATION NO.	CONTROL NO.
11/15/2018	EMT 512689	295953

IERGENCY MEDICAL TECHNICIAN
below has met all requirements of
and rules of the state of Florida.
n Date: **DECEMBER 1, 2020**
A REGO
IRWAY HEIGHTS BLVD
33157

Rick Scott
GOVERNOR

Celeste M. Philip, M.D., M.P.H.
Surgeon General and Secretary

DISPLAY IF REQUIRED BY LAW

STATE OF FLORIDA AC#
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	CERTIFICATION NO.	CONTROL NO.
11/15/2018	EMT 512689	295953

The **EMERGENCY MEDICAL TECHNICIAN** named below has met all requirements of the laws and rules of the state of Florida.
Expiration Date: **DECEMBER 1, 2020**

VICTOR A REGO

CERTIFICATE HOLDER SIGNATURE