



Resilient Environment Department
CONSUMER PROTECTION DIVISION
1 North University Drive, Box #302 • Plantation, Florida 33324 • 954-765-1700
broward.org/consumer

Certificate of Public Convenience and Necessity Application

Type of application (Check all that apply):

☒ New ☐ Renewal

☐ Class 1 – ALS Rescue ☒ Class 2 – ALS Transfer

☐ Class 3 – BLS Transport ☐ Class 4 – ALS Air Rescue ☐ Class 5 – ALS Specialty Transport

1. Applicant: E Care Ambulance, Inc.
D/B/A: _____ State License#: 10044
Mailing Address: PO Box 378470
City: Key Largo State: FL Zip Code: 33037
Email address: Contact@ECareAmbulance.com Telephone: 800-863-7023
2. Manager's Name / Contact Person: Michael Arguelles
Title: COO Telephone: 561-247-8166 Cell: 786-236-0693
Email Address: MArguelles@ECareAmbulance.com
3. The name, address, telephone number, e-mail address, and title of the appropriate government official or, as applicable, the general manager, owner(s), officer(s), and director(s) of the firm, corporation, association, or other entity seeking a certificate (attach list if more than three individuals):
See Attached

4. Date of incorporation/formation of business association ((include copies of articles of incorporation, fictitious name registration): 05/05/2020
5. Geographic area or emergency call zone requesting to service (be specific): BROWARD COUNTY
 - a. Approximate population of the area: 2,000,000
6. The length of time the applicant has been providing EMS service in Broward County, if the applicant is seeking a renewal certificate: New Provider
7. List the addresses of your base station (headquarters) and all substations, include the substation identifier (e.g., station 2, attach list if more than three substations).
Base Station: 91551 Overseas Hwy, Tavernier, FL 33070
Substation: 3225 N Andrews Ave, Suite B Oakland Park, FL 33309
Substation: 1109 S Congress Ave West Palm Beach, FL 33406
Substation: 4611 W Cardinal St, Homosassa, FL 34446

8. A description of the applicant's telephone and radio communications system including, but not limited to its assigned frequency, call numbers, and hospital communications capabilities: See Attached
-

9. The number of units that are:

- a. In-service, fully equipped, staffed, and operational twenty-four (24) hours a day 4
- b. fully equipped, but reserved for emergency response 3
- c. The maximum number of units that would be placed in the area requested to respond to emergency calls and routine transfers 4
 - i. Applicants for Class 1 - ALS rescue must identify the minimum number of vehicles used for the provision of ALS rescue (transport and nontransport) on a twenty-four (24) hour per day, seven (7) day per week basis _____

10. Proposed response time including a description of the source for such information: See Attached
-

11. Medical Director: Julio Manuel De Pena Batista

Mailing Address: PO Box 378470

City: Key Largo

State: FL

Zip Code: 33037

Phone Number: (305) 610-0852

Email address: MedicalDirector@ECareAmbulance.com

Florida License Number: ME 102367

Exp. Date: 01/31/2026

D.E.A. Certificate Number: FD 0975613

Exp. Date: 06/30/2026

(Attach separate sheet if more than one Medical Director/Associate Medical Director. Also attach copy of Florida medical license and D.E.A. certificate for each)

12. Attach the following:

Attachment #1 - Copy of current State of Florida EMS license.

Attachment #2 - Financial Information.

Attachment #3 - Certificates of insurance or certificates of self-insurance in compliance with this chapter.

Attachment #4 - ALS/BLS Vehicles (Form A-1) and/or ALS Air Rescue Vehicles (Form A-2).

Attachment #5 - ALS/BLS Personnel (Form B-1).

Attachment #6 - FCC license/communications contract.

Attachment #7 - Written evidence that the applicant has employed or contracted with a medical director.

Attachment #8 - A statement from an applicant seeking to perform ALS Service and signed by its medical director attesting that all the applicant's EMTs and paramedics are certified, qualified, and authorized to perform basic and advanced life support.

Attachment #9 - Trauma Transport Protocols signed by current medical director. If they are uniform for the entire County a signed statement from your medical director to that affect is acceptable.

Attachment #10 - Applicants for Class 2 - ALS transfer must identify staffing patterns and operational hours for each permitted vehicle.

Attachment #11 - Provide a copy of the most recent executed agreement and any addendums/extensions to the agreement with an EMS Service provider rendering this level of service.

Important Notes:

1. Application packet and application fee will be accepted by mail sent to Broward County Consumer Protection Division, 1 North University Drive, Mailbox 302, Plantation, FL 33324. Payment can be made by mail with check only, or in-person by check or credit card.
2. **NOTE:** COPCN/License and Vehicle permit fees will be processed separately.
3. Non-governmental: provide a copy of County and Municipal Business Tax Receipts or NEW applicant provide a letter identifying proposed business office location in Broward County.

I, the undersigned, a representative of the above service do hereby attest that this application meets all requirements for operation of an Emergency Medical Service (EMS) Provider in the State as provided in Chapters 395 and 401, Florida Statutes, and Chapter 64J-1, Florida Administrative Code, and Chapter 3½ Article I, Broward County Code of Ordinances. I further acknowledge any violations or discrepancies discovered will subject this service and its authorized representatives to actions and penalties provided by law.

All statements on this application and attachments are true and correct.



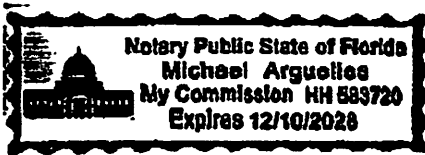
Signature of Owner/Manager

President

Title

STATE OF FLORIDA
COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 6th day of October, 2025,
by Daer Serrano (name of person making statement).





(Signature of Notary Public - State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known: ☒ OR Produced Identified: ☐ Type of
Identification Produced: _____

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.



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Title: COO Telephone: 561-247-8166 Cell: 786-236-0693

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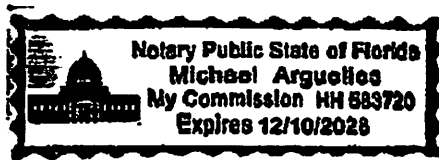
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