RG Ambulance Service, Inc. d/b/a Century Ambulance Service

Broward County – COPCN Application – Class 2 – ALS Transfer

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

ADVANCED/BASIC LIFE SUPPORT SERVICE CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY (COPCN) APPLICATION INSTRUCTIONS

The items listed below are required for a complete application. Please use this list of instructions to ensure the application is complete before submitting. A complete application will greatly reduce the processing time. If renewing your application, it must be received in this office prior to the date provided to you to renew your current COPCN.

Type of Application: Mark all the appropriate lines. A separate application is required for each class of service.

Number One: The name of the service that is placed on line 1 must match the name listed on your State of Florida Advanced/Basic Life Support Service License and Articles of Incorporation (if applicable). All the rest of the lines need to be filled out appropriately. Please include your e-mail address if you have one.

Number Two: The contact person/manager's name should be the person who would receive all correspondence from this office. Governmental agencies, on a separate sheet, provide the Fire Chief and City Manager's name, telephone number, and email address.

Number Three: Fill in as requested.

Number Four: Fill in the date of incorporation or formation of the local government, firm, corporation, association, or other entity.

Number Five: Fill in as requested.

Number Six: Fill in as requested.

Number Seven: List the addresses of your base station (headquarters) and all substations, include the substation identifier (e.g., station 2). Use additional sheet if necessary.

Number Eight: List the type of communication between your vehicle and the hospital. Med 5, 8, and 10 are required pursuant to the EMS communications plan established in Chapter 401 Part 1, Florida Statutes and Broward County. Chapter 401, Florida Statutes, Part 1, is administered by the State Technology Office which requires the following related to communications:

- Obtain copies of the Emergency Medical Services Communications Plan--Volume 1 for administration and Volume II for each vehicle and dispatch center.
- Obtain a Federal Communication Commission (FCC) license authorizing your radio communication system operation.

Number Nine: Fill in as requested.

Number Ten: Fill in as requested.

Number Eleven: The medical director must be a Florida licensed physician. A copy of his/her current license from the department must be included. ALS providers must also include a copy of the U.S. Department of Justice, Drug Enforcement Administration Certificate issued to the physician or hospital pharmacy (if hospital based) listing the address at which the applicant stores controlled substances.

☑ **Attachment 1:** Attach as requested. Governmental entities which provide Class 1 ALS rescue service by contract please attach a copy of the contracted entities State license. Additionally, a copy of the contract needs to be included.

☑ **Attachment 2:** If the applicant is a governmental entity, the amount of money that the applicant has budgeted for the classification of services for which the application is submitted. Financial information of a nongovernmental applicant to ensure its financial ability to provide and continue to provide service to the area in a safe, comfortable, and reliable manner. Financial information includes, but is not limited to:

- The applicant's two (2) most recent years of Medicare audits, if any.
- Three (3) years of the most recent audited financial statements of the entity and its parent company or holding company, if any. For purposes of this subsection, a parent company or holding company means any person or entity holding, owning, or in control of more than ten percent (10%) of the stock or ownership interest in the applicant's entity.
- If the applicant is a corporation, the type and number of shares outstanding and the names and addresses of all shareholders; and
- The financial responsibility of the applicant to maintain insurance for the payment of personal injury, death, and property damage claims.

☑ **Attachment 3:** Insurance verification:

- Every nongovernmental EMS provider must carry bodily injury and property damage insurance with an insurance carrier or company qualified as an insurance company authorized to transact insurance in the State of Florida to secure payment for any loss or damage resulting from any occurrence arising out of or caused by the operation or use of any of the provider's EMS transport vehicles. Each EMS transport vehicle, including owned, hired, and non-owned vehicles, must be insured for a minimum of One Million Dollars ($1,000,000) for each occurrence, combined single limit bodily injury, death, or property damage liability. Each EMS provider that employs medical personnel must maintain malpractice insurance in an amount not less than One Million Dollars ($1,000,000) for each occurrence. If an EMS provider does not employ medical personnel, the provider must provide the County with satisfactory evidence of malpractice insurance in the amount of One Million Dollars ($1,000,000) from the entity providing the medical personnel.
- Every insurance policy or contract for insurance must provide for the payment and satisfaction of any financial judgment entered against the provider or against any person driving a vehicle of the provider. Certificates of insurance or certified copies of such policies must be filed with the Division. All such insurance policies, certificates of insurance, and certified copies of such insurance policies shall provide for a thirty (30) day notice of cancellation to the County. All such certificates of insurance must show the County as a certificate of insurance holder and that the County is listed and endorsed as an additional insured on all policies required under this section. Thirty (30) days prior to the policy's expiration date, the EMS provider must provide the County with a renewal certificate of insurance.
- Every governmental provider must either furnish evidence of bodily injury, property damage, and malpractice insurance in an amount equal to that for which it would be liable pursuant to the provisions of Section 768.28, Florida Statutes, as amended from time to time, or such governmental provider may furnish a certificate of self-insurance evidencing that it has established an adequate self-insurance plan to cover such risks and that the Florida Department of Insurance has approved the plan. A certificate of self-insurance issued by the Florida Department of Highway Safety and Motor Vehicles is not acceptable evidence of insurance.

☑ **Attachment 4:** The ALS/BLS Vehicles, BC Form A-1, needs to be completed. If you have a computer-generated list of vehicles, you may write "see attached" on Form A-1 and attach your list. Also provide a copy of your current permit application, DH Form 1510, on file with the State. You will also need to provide a license plate number for each vehicle listed.

If you are permitting aircraft under an ALS license application, please attach the following information: Complete ALS Air Rescue Vehicles, BC Form A-2.

Include:

- Medical malpractice/professional liability insurance for each air medical crew member and medical director.
- Aircraft liability insurance coverage.
- A copy of the air worthiness certificate for each aircraft permit you are applying for.

☑ **Attachment 5:** The ALS/BLS Personnel, BC Form B-1, needs to be completed. If you have a computer-generated list of personnel, you may write "see attached" on Form B-1 and attach your list. Please remember all the same information required on Broward County forms shall be included in computer-generated lists.

☑ **Attachment 6:** FCC license/communications contract.

- EMS providers must provide continuous telephone access to the public, including telephone communications between the location at which they operate or receive calls and the local communications center.
- EMS providers must provide and maintain the capability for two-way radio communication between the location at which they operate or receive calls and each of their transport vehicles.
- EMS providers must provide and maintain the capability for UHF two-way radio communication between each of their ALS rescue vehicles and Broward County hospitals in accordance with Florida and County Emergency Medical Service Communication Plans, as well as any additional communication devices as may be reasonably required by the County Administrator or Section 401.015, Florida Statutes.
- EMS providers must maintain the capability to communicate medical information as needed with local and regional hospitals as required by Section 401.015, Florida Statutes.

☑ **Attachment 7:** A copy of a fully executed contract between a Florida licensed physician and the applicant or a letter of agreement signed by the physician and the applicant must be included.

- The EMS providers' medical directors must develop and **issue standing orders that are provided to all of the EMS providers' paramedics and all emergency departments to which the entities routinely transport patients** and must be maintained in each of the EMS providers' ALS ground rescue vehicles.

☐ **Attachment 8:** Attach as requested.

☑ **Attachment 9:** Trauma Transport Protocols signed by the current medical director. If they are uniform with the entire County a signed statement from your medical director to that effect is acceptable.

☐ **Attachment 10:** Attach as requested.

☐ **Attachment 11:** A governmental EMS provider may contract with one (1) or more EMS providers for ALS rescue service. An EMS provider rendering this level of medical service for a governmental entity, pursuant to an agreement with the governmental entity, must operate under the Class 1 - ALS rescue certificate held by the governmental entity. Provide a copy of the most recent executed agreement and any addendums/extensions to the agreement.

Fees are established by §37.66 and 37.67, Broward County Administrative Code. Fees can be paid by mail with check only, or in-person with check or credit card.

ALL FEES ARE NONREFUNDABLE.

Annual Fees as of October 1, 2022

COPCN Application Processing Fee.....**$662.00**
COPCN/License Fee.....**$330.00**
Vehicle Permit Fee.....**$67.00**

NOTE: COPCN/License and Vehicle permit fees will be processed separately. Certificate fee includes the first five (5) vehicles or less, including aircraft (renewals only). Vehicle permit fees apply for each vehicle more than five (5) vehicles.

Application must be signed by the Fire Chief, Sheriff, or City Manager and must be notarized.

If you are not currently licensed in the State of Florida, A license must be issued before you may operate in this County.

EMS providers must comply with all applicable laws, rules, and regulations set forth in Florida law, the Florida Administrative Code, the Broward County Code of Ordinances, and the Broward County Administrative Code.

An EMS provider's EMS transport vehicles, excluding an EMS provider with a Class 1 - ALS rescue certificate or Class 4 - ALS air rescue certificate, will be inspected, at a minimum, once yearly or as may be deemed necessary by the Division to ensure compliance with all applicable laws, rules, and regulations set forth in Florida law, the Florida Administrative Code, the Broward County Code of Ordinances, and the Broward County Administrative Code.

ALL Certificate Holders must comply with all applicable laws, rules, and regulations set forth in Florida law, the Florida Administrative Code, the Broward County Code of Ordinances, and the Broward County Administrative Code.

Resilient Environment Department
CONSUMER PROTECTION DIVISION
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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: RG Ambulance Service, Inc.
   D/B/A: Century Ambulance Service State License#: PENDING
   Mailing Address: 2766 NW 62nd Street
   City: Miami State: FL Zip Code: 33147
   Email address: www.centuryamb.com Telephone:

2. Manager's Name / Contact Person: Victor Rego
   Title: General Manager Telephone: (305) 537-4164 Cell: (786) 256-1073
   Email Address: vrego@mdambulance.net

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 Attachment A

4. Date of incorporation/formation of business association ((include copies of articles of incorporation, fictitious name registration): 02/28/2012

5. Geographic area or emergency call zone requesting to service (be specific): EMERGENCY CALL ZONE 4
   a. Approximate population of the area: 210,143

6. The length of time the applicant has been providing EMS service in Broward County, if the applicant is seeking a renewal certificate: 2016

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: 2766 NW 62nd Street, Miami FL 33147 (Headquarters)
   Substation: 2000 N. State Road 7, Lauderdale Lakes, FL 33311 (Broward Base Station)
   Substation:
   Substation:

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 Attachment B

9. The number of units that are:
   a. In-service, fully equipped, staffed, and operational twenty-four (24) hours a day 5
   b. fully equipped, but reserved for emergency response 1
   c. The maximum number of units that would be placed in the area requested to respond to emergency calls and routine transfers 6
      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 Attachment C

11. Medical Director: Dr. Peter Antevy
    Mailing Address: 2766 NW. 62nd Street
    City: Miami State: FL Zip Code: 33147
    Phone Number: (954) 265-3492 Email address: Peter@c3md.net
    Florida License Number: ME 93139 Exp. Date: 01/31/2025
    D.E.A. Certificate Number: PENDING Exp. Date: _____
    (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 _____ Title Pres + CEO

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

Sworn to (or affirmed) and subscribed before me this 4 day of August, 2023,
by RAY GONZALEZ (name of person making statement).

JORGE CURBELO
MY COMMISSION # HH 212472
EXPIRES: January 8, 2026

_____
(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.

RG Ambulance Service, Inc. d/b/a Century Ambulance Service

Broward County – COPCN Application – Class 3 – BLS Transport

Resilient Environment Department
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Type of Application: Mark all the appropriate lines. A separate application is required for each class of service.

Number One: The name of the service that is placed on line 1 must match the name listed on your State of Florida Advanced/Basic Life Support Service License and Articles of Incorporation (if applicable). All the rest of the lines need to be filled out appropriately. Please include your e-mail address if you have one.

Number Two: The contact person/manager's name should be the person who would receive all correspondence from this office. Governmental agencies, on a separate sheet, provide the Fire Chief and City Manager's name, telephone number, and email address.

Number Three: Fill in as requested.

Number Four: Fill in the date of incorporation or formation of the local government, firm, corporation, association, or other entity.

Number Five: Fill in as requested.

Number Six: Fill in as requested.

Number Seven: List the addresses of your base station (headquarters) and all substations, include the substation identifier (e.g., station 2). Use additional sheet if necessary.

Number Eight: List the type of communication between your vehicle and the hospital. Med 5, 8, and 10 are required pursuant to the EMS communications plan established in Chapter 401 Part 1, Florida Statutes and Broward County. Chapter 401, Florida Statutes, Part 1, is administered by the State Technology Office which requires the following related to communications:

- Obtain copies of the Emergency Medical Services Communications Plan--Volume 1 for administration and Volume II for each vehicle and dispatch center.
- Obtain a Federal Communication Commission (FCC) license authorizing your radio communication system operation.

Number Nine: Fill in as requested.

Number Ten: Fill in as requested.

Number Eleven: The medical director must be a Florida licensed physician. A copy of his/her current license from the department must be included. ALS providers must also include a copy of the U.S. Department of Justice, Drug Enforcement Administration Certificate issued to the physician or hospital pharmacy (if hospital based) listing the address at which the applicant stores controlled substances.

☑ **Attachment 1:** Attach as requested. Governmental entities which provide Class 1 ALS rescue service by contract please attach a copy of the contracted entities State license. Additionally, a copy of the contract needs to be included.

☑ **Attachment 2:** If the applicant is a governmental entity, the amount of money that the applicant has budgeted for the classification of services for which the application is submitted. Financial information of a nongovernmental applicant to ensure its financial ability to provide and continue to provide service to the area in a safe, comfortable, and reliable manner. Financial information includes, but is not limited to:

- The applicant's two (2) most recent years of Medicare audits, if any.
- Three (3) years of the most recent audited financial statements of the entity and its parent company or holding company, if any. For purposes of this subsection, a parent company or holding company means any person or entity holding, owning, or in control of more than ten percent (10%) of the stock or ownership interest in the applicant's entity.
- If the applicant is a corporation, the type and number of shares outstanding and the names and addresses of all shareholders; and
- The financial responsibility of the applicant to maintain insurance for the payment of personal injury, death, and property damage claims.

☑ **Attachment 3:** Insurance verification:

- Every nongovernmental EMS provider must carry bodily injury and property damage insurance with an insurance carrier or company qualified as an insurance company authorized to transact insurance in the State of Florida to secure payment for any loss or damage resulting from any occurrence arising out of or caused by the operation or use of any of the provider's EMS transport vehicles. Each EMS transport vehicle, including owned, hired, and non-owned vehicles, must be insured for a minimum of One Million Dollars ($1,000,000) for each occurrence, combined single limit bodily injury, death, or property damage liability. Each EMS provider that employs medical personnel must maintain malpractice insurance in an amount not less than One Million Dollars ($1,000,000) for each occurrence. If an EMS provider does not employ medical personnel, the provider must provide the County with satisfactory evidence of malpractice insurance in the amount of One Million Dollars ($1,000,000) from the entity providing the medical personnel.
- Every insurance policy or contract for insurance must provide for the payment and satisfaction of any financial judgment entered against the provider or against any person driving a vehicle of the provider. Certificates of insurance or certified copies of such policies must be filed with the Division. All such insurance policies, certificates of insurance, and certified copies of such insurance policies shall provide for a thirty (30) day notice of cancellation to the County. All such certificates of insurance must show the County as a certificate of insurance holder and that the County is listed and endorsed as an additional insured on all policies required under this section. Thirty (30) days prior to the policy's expiration date, the EMS provider must provide the County with a renewal certificate of insurance.
- Every governmental provider must either furnish evidence of bodily injury, property damage, and malpractice insurance in an amount equal to that for which it would be liable pursuant to the provisions of Section 768.28, Florida Statutes, as amended from time to time, or such governmental provider may furnish a certificate of self-insurance evidencing that it has established an adequate self-insurance plan to cover such risks and that the Florida Department of Insurance has approved the plan. A certificate of self-insurance issued by the Florida Department of Highway Safety and Motor Vehicles is not acceptable evidence of insurance.

☑ **Attachment 4:** The ALS/BLS Vehicles, BC Form A-1, needs to be completed. If you have a computer-generated list of vehicles, you may write "see attached" on Form A-1 and attach your list. Also provide a copy of your current permit application, DH Form 1510, on file with the State. You will also need to provide a license plate number for each vehicle listed.

If you are permitting aircraft under an ALS license application, please attach the following information: Complete ALS Air Rescue Vehicles, BC Form A-2.

Include:

- Medical malpractice/professional liability insurance for each air medical crew member and medical director.
- Aircraft liability insurance coverage.
- A copy of the air worthiness certificate for each aircraft permit you are applying for.

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☑ **Attachment 6:** FCC license/communications contract.

- EMS providers must provide continuous telephone access to the public, including telephone communications between the location at which they operate or receive calls and the local communications center.
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- EMS providers must maintain the capability to communicate medical information as needed with local and regional hospitals as required by Section 401.015, Florida Statutes.

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☐ **Attachment 8:** Attach as requested.

☑ **Attachment 9:** Trauma Transport Protocols signed by the current medical director. If they are uniform with the entire County a signed statement from your medical director to that effect is acceptable.

☐ **Attachment 10:** Attach as requested.

☐ **Attachment 11:** A governmental EMS provider may contract with one (1) or more EMS providers for ALS rescue service. An EMS provider rendering this level of medical service for a governmental entity, pursuant to an agreement with the governmental entity, must operate under the Class 1 - ALS rescue certificate held by the governmental entity. Provide a copy of the most recent executed agreement and any addendums/extensions to the agreement.

Fees are established by §37.66 and 37.67, Broward County Administrative Code. Fees can be paid by mail with check only, or in-person with check or credit card.

ALL FEES ARE NONREFUNDABLE.

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COPCN/License Fee.....**$330.00**
Vehicle Permit Fee.....**$67.00**

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Application must be signed by the Fire Chief, Sheriff, or City Manager and must be notarized.

If you are not currently licensed in the State of Florida, A license must be issued before you may operate in this County.

EMS providers must comply with all applicable laws, rules, and regulations set forth in Florida law, the Florida Administrative Code, the Broward County Code of Ordinances, and the Broward County Administrative Code.

An EMS provider's EMS transport vehicles, excluding an EMS provider with a Class 1 - ALS rescue certificate or Class 4 - ALS air rescue certificate, will be inspected, at a minimum, once yearly or as may be deemed necessary by the Division to ensure compliance with all applicable laws, rules, and regulations set forth in Florida law, the Florida Administrative Code, the Broward County Code of Ordinances, and the Broward County Administrative Code.

ALL Certificate Holders must comply with all applicable laws, rules, and regulations set forth in Florida law, the Florida Administrative Code, the Broward County Code of Ordinances, and the Broward County Administrative Code.

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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: RG Ambulance Service, Inc.
   D/B/A: Century Ambulance Service State License#: PENDING
   Mailing Address: 2766 NW 62nd Street
   City: Miami State: FL Zip Code: 33147
   Email address: www.centuryamb.com Telephone:

2. Manager's Name / Contact Person: Victor Rego
   Title: General Manager Telephone: (305) 537-4164 Cell: (786) 256-1073
   Email Address: vrego@mdambulance.net

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 Attachment A

4. Date of incorporation/formation of business association ((include copies of articles of incorporation, fictitious name registration): 02/28/2012

5. Geographic area or emergency call zone requesting to service (be specific): EMERGENCY CALL ZONE 4
   a. Approximate population of the area: 210,143

6. The length of time the applicant has been providing EMS service in Broward County, if the applicant is seeking a renewal certificate: 2016

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).
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   Substation: 2000 N. State Road 7, Lauderdale Lakes, FL 33311 (Broward Base Station)
   Substation:
   Substation:

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 Attachment B

9. The number of units that are:
   a. In-service, fully equipped, staffed, and operational twenty-four (24) hours a day 5
   b. fully equipped, but reserved for emergency response 1
   c. The maximum number of units that would be placed in the area requested to respond to emergency calls and routine transfers 6
      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 Attachment C

11. Medical Director: Dr. Peter Antevy
    Mailing Address: 2766 NW. 62nd Street
    City: Miami State: FL Zip Code: 33147
    Phone Number: (954) 265-3492 Email address: Peter@c3md.net
    Florida License Number: ME 93139 Exp. Date: 01/31/2025
    D.E.A. Certificate Number: PENDING Exp. Date: _____
    (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.
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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 — Title: Pres & CEO

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

Sworn to (or affirmed) and subscribed before me this 4 day of August, 2023,
by RAY GONZALEZ (name of person making statement).

JORGE CURBELO
MY COMMISSION # HH 212472
EXPIRES: January 8, 2026

(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.