



**CONSUMER PROTECTION DIVISION**  
1 North University Drive, Box #302 • Plantation, Florida 33324  
954-765-1700 [broward.org/consumer](http://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: Positive Mobility, LLC  
D/B/A: Elite Medical Response State License#: ALS10076  
Mailing Address: 201 Commerical Court  
City: Sebring State: FL Zip Code: 33876  
Email address: fangelo@visionaryhealthcaresolution.com Telephone: 561-721-5988
  
2. Manager's Name / Contact Person: Fred Angelo  
Title: Vice President of Gov Affairs Telephone: 561-721-5988 Cell: 561-721-5988  
Email Address: fangelo@visionaryhealthcaresollution.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):  
KESTENBAUM, JOEL 45 MAIN STREET - STE 804 BROOKLYN, NY 11201. 877605-3204  
JAY HALL, WILLIAM. 201 COMMERCIAL COURTL SEBRING, FL 33876. 877-605-3204
  
4. Date of incorporation/formation of business association ((include copies of articles of incorporation, fictitious name registration): 04/16/2025
  
5. Geographic area or emergency call zone requesting to service (be specific): EMERGENCY CALL ZONE 1
  - a. Approximate population of the area: 1,944,375
  
6. The length of time the applicant has been providing EMS service in Broward County, if the applicant is seeking a renewal certificate: n/a
  
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: 201 Commerical Court SEBRING, FL 33876  
Substation: 340 Pike Road WEST PALM BEACH, FL 33411  
Substation: 700 8th Court VERO BEACH, FL 32962  
Substation: 4030 Kidron Road Bay #26 LAKELAND, FL 33811

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: Telephone=VOIP/Cell 400mhz EMD Dispatch w Trauma Soft CAD/EPCR, Hospital Communication via MEDCOM 5,8,10

9. The number of units that are:  
a. In-service, fully equipped, staffed, and operational twenty-four (24) hours a day 12  
b. fully equipped, but reserved for emergency response 5  
c. The maximum number of units that would be placed in the area requested to respond to emergency calls and routine transfers 17  
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: We will follow the Broward Co. ordinance on response times or faster. See Attachment... Question 10.

11. Medical Director: Dr. Sandra Schwemmer  
Mailing Address: 3577 NW Clubside Circle  
City: Boca Raton State: FL Zip Code: 33496  
Phone Number: (305) 451-8965 Email address: sschwemmer@gmail.com  
Florida License Number: OS4022 Exp. Date: 03/31/2026  
D.E.A. Certificate Number: AS8736805 Exp. Date: 02/29/2028  
(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:**

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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.

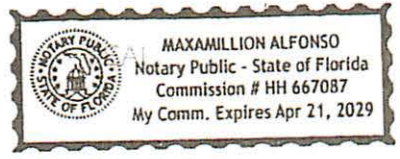
W.J. Hall  
Signature of Owner/Manager

CEO  
Title

STATE OF FLORIDA  
COUNTY OF Palm Beach

Sworn to (or affirmed) and subscribed before me this 30th day of June, 2025,  
by William Hall (name of person making statement).

[Signature]



(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: Drivers license

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State License#: ALS10076

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State: FL

Zip Code: 33876

Email address: fangelo@visionaryhealthcaresolution.com

Telephone: 561-721-5988

2. Manager's Name / Contact Person: Fred Angelo

Title: Vice President of Gov Affairs

Telephone: 561-721-5988

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    - 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 \_\_\_\_\_
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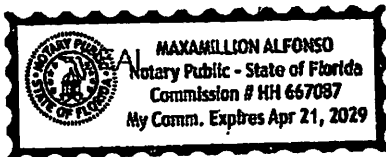
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(Signature of Notary Public - State of Florida)  
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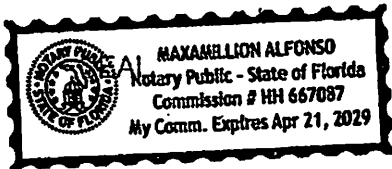
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[Signature]



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