



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: MTS Ambulance, LLC
D/B/A: _____ State License#: 10060
Mailing Address: 14750 NW 77th CT, Suite 313
City: Miami Lakes State: FL Zip Code: 33016
Email address: rebecka.infante@mts-ambulance.com Telephone: 305-877-0780

2. Manager's Name / Contact Person: Rebecka Infante
Title: President Telephone: 305-877-0780 Cell: 786-606-0668
Email Address: rebecka.infante@mts-ambulance.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):
CEO - Daviel Marrero, 100% Ownership - Owned by MARR Enterprises
President - Rebecka Infante, rebecka.infante@mts-ambulance.com

4. Date of incorporation/formation of business association ((include copies of articles of incorporation, fictitious name registration): 05/30/2022

5. Geographic area or emergency call zone requesting to service (be specific): FORT LAUDERDALE
 - a. Approximate population of the area: 186,543

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

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: 11820 Miramar Parkway, Suite 203, Miramar, FL 33025
Substation: 16400 NW 14th Street, Pembroke Pines, FL 33028
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: Direct calls to contract facilities for routine transfer response 1 hour transit soft
9. The number of units that are:
- a. In-service, fully equipped, staffed, and operational twenty-four (24) hours a day 3
 - b. fully equipped, but reserved for emergency response 0
 - c. The maximum number of units that would be placed in the area requested to respond to emergency calls and routine transfers 0
 - 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 0
10. Proposed response time including a description of the source for such information: calls to contracted facilities for routine transfer response 1 hour soft
11. Medical Director: Keith Randall GOuld
- Mailing Address: 907 W. Norvell Bryant Hwy
- City: Hernando State: FL Zip Code: 34442
- Phone Number: (786) 262-4611 Email address: keithgoulddo@outlook.com
- Florida License Number: OS 6352 Exp. Date: 03/31/2026
- D.E.A. Certificate Number: BG7294907 Exp. Date: 09/30/2028
- (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:

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 1, 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.

Rui Mi
Signature of Owner/Manager

President
Title

STATE OF FLORIDA
COUNTY OF Broward

Sworn to (or affirmed) and subscribed before me this 4 day of December, 2025,
by Rebecka Infante (name of person making statement).



Geraldine Rodriguez
(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.



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: MTS Ambulance, LLC
D/B/A: _____ State License#: 10060
Mailing Address: 14750 NW 77th CT, Suite 313
City: Miami Lakes State: FL Zip Code: 33016
Email address: rebecka.infante@mts-ambulance.com Telephone: 305-877-0780

2. Manager's Name / Contact Person: Rebecka Infante
Title: President Telephone: 305-877-0780 Cell: 786-606-0668
Email Address: rebecka.infante@mts-ambulance.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):
CEO - David Marrero, 100% Ownership - Owned by MARR Enterprises
President - Rebecka Infante, rebecka.infante@mts-ambulance.com

4. Date of incorporation/formation of business association ((include copies of articles of incorporation, fictitious name registration): 05/30/2022

5. Geographic area or emergency call zone requesting to service (be specific): FORT LAUDERDALE
 - a. Approximate population of the area: 186,543

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

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: 11820 Miramar Parkway, Suite 203, Miramar, FL 33025
Substation: 16400 NW 14th Street, Pembroke Pines, FL 33028
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: Direct calls to contract facilities for routine transfer response 1 hour transit soft
9. The number of units that are:
- a. In-service, fully equipped, staffed, and operational twenty-four (24) hours a day 3
 - b. fully equipped, but reserved for emergency response 0
 - c. The maximum number of units that would be placed in the area requested to respond to emergency calls and routine transfers 0
 - 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 0
10. Proposed response time including a description of the source for such information: calls to contracted facilities for routine transfer response 1 hour soft
11. Medical Director: Keith Randall GOuld
- Mailing Address: 907 W. Norvell Bryant Hwy
- City: Hernando State: FL Zip Code: 34442
- Phone Number: (786) 262-4611 Email address: keithgoulldo@outlook.com
- Florida License Number: OS 6352 Exp. Date: 03/31/2026
- D.E.A. Certificate Number: BG7294907 Exp. Date: 09/30/2028
- (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:

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 1, 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.

Rui Min
Signature of Owner/Manager

President
Title

STATE OF FLORIDA
COUNTY OF Broward

Sworn to (or affirmed) and subscribed before me this 4 day of December, 2025,
by Rebecka Infante (name of person making statement).



Geraldine Rodriguez
(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.