



AEROMED

HERNANDO COUNTY COPCN APPLICATION

January 2024



Certificate of Public Convenience and Necessity (COPCN) application information:

Fees:

Per Resolution 2014-20, a \$2000.00 filing fee shall accompany every new application. Once approved, certificates are valid for two years.

Renewal applications require a \$1000.00 filing fee.

Throughout the time a certificate is valid, a filing fee of \$500.00 shall be paid if there is any change of *service location; majority of ownership; management or controlling interest of the service provider.*

A filing fee of \$200.00 shall be paid as a prerequisite to any *name* change of the Certificate Holder (Licensee).

Employee Review:

Upon receipt of the application, all listed Paramedics licenses will be verified with the Florida Department of Health, Division of Medical Quality Assurance.

Recommendations (for new applicants and renewals):

All municipalities in the geographical area of Hernando County, which consist of the City of Brooksville and the City of Weeki-Wachee, will be asked for their recommendation of approval or denial. Additionally, all current certificate holders in the geographical area of Hernando County will be asked for their recommendation of approval or denial for all new applications and renewal applications.

Insurance Requirements:

Hernando County COPCN holders must provide copies of public liability, property damage and malpractice insurance or a surety bond pursuant to chapter 401, Florida Statutes and Hernando County Code.

The amount of all insurance policy coverage must be in an amount acceptable to the county's current insurance carrier (Currently: General Liability - \$1 Million/\$2 Million, Auto - \$1 Million, Work Comp – Statutory limits), and must name Hernando County as an additional insured.

A **Certificate of Insurance** naming **Hernando County Board of County Commissioners** as additional insured (i.e. Certificate Holder) must be provided.

Board of County Commissioners Approval:

The final step to obtain a COPCN from Hernando County is the approval by the Hernando County Board of County Commissioners (BOCC). The request for approval will be placed on a Board of County Commissioners' Agenda for their consideration. Your attendance and possible participation is required.

**APPLICATION
FOR
CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY**

Pursuant to Section 21-166, Hernando County Code of Ordinances, applicants for a Certificate of Public Convenience and Necessity must provide the following information. Please complete the form in its entirety. *Note: extra space is provided in number 14.*

1. Name and business address of owner or operator of the Advanced Life Support (ALS) or Basic Life Support (BLS) service, or proposed service:

Florida Health Sciences Center, Inc. d/b/a Tampa General Hospital

1 Tampa General Circle, Tampa, FL 33606

2. Name under which the applicant will operate: Florida Health Sciences Center, Inc. d/b/a Tampa General Hospital, Aeromed
 3. List names and addresses of all officers, directors, and shareholders of applicant:

See supplementals

4. Territory which the applicant desires to serve; See supplementals
 number of vehicles _____ and brief description of each vehicle as indicated below:

	Vehicle #1	Vehicle #2	Vehicle #3
a. Type of vehicle:	_____	_____	_____
b. Make & Model:	_____	_____	_____
c. Year:	_____	_____	_____
d. Mileage:	_____	_____	_____
e. VIN:	_____	_____	_____
f. Aviation/Marine Registration Nr.	_____	_____	_____

- g. Passenger capacity: _____
- h. Size & gross weight: _____
- i. Identifying Markings: _____
- j. Color Scheme: _____

5. Location and description of each place from which applicant's service is intended to operate:
See supplementals

6. Training and experience of the applicant in the transportation and care of patients:
See supplementals

7. Names and addresses of three (3) county residents available as references:

a. Name:	<u>James Holt</u>	<u>Damien Oniel Diaz</u>	<u>Thomas Staff</u>
b. Street:	<u>12227 Deep Creek Dr</u>	<u>10040 Heathcliff St</u>	<u>2435 Glenridge Dr</u>
d. City, St, Zip:	<u>Spring Hill, FL 34609</u>	<u>Spring Hill, FL 34608</u>	<u>Spring Hill, FL 34609</u>
e. Phone:	<u>352-585-2595</u>	<u>352-232-4963</u>	<u>352-279-8833</u>

8. In the event that the application shall be granted and prior to its effectiveness, applicant shall provide copies of public liability, property damage and malpractice insurance or a surety bond conditioned for the payment and satisfaction of any final judgment as required or provided for in this article and chapter 401, Florida Statutes.

9. Applicant certifies that it will provide continuous service on a 24-hour/day, seven-day-week- basis, and the minimum level of patient care rendered and/or available will always be advanced life support, with the exceptions of disasters or extraordinary circumstances, (advanced life support applicants only).

10. The applicant may provide any other information that the board deems necessary bearing on the applicant's capabilities, character, past experiences, or any other factors that indicate applicant's qualifications for issuance of a Certificate of Need.

11. During the past five (5) years, or other relevant time period, has the applicant or any of its officers, agents, or employees, been sued for any reason on account of rendering inappropriate care regarding BLS or ALS services? If so, please describe and indicate whether any judgments were rendered against applicant, its officers, employees, or agents and the amount of any such judgment. **No**

12. Please list the name of each employee or applicant at the time of this application that will be providing BLS or ALS services under the Certificate of Need as indicated below: **See supplementals**

Name	Date Employed	Certificate Held	Certificate Number

13. State if during the last five (5) years, or other relevant time period, if applicant has received any disciplinary notices or actions from the Department of HRS for violation of any Florida Statutes or administrative rule regarding the provisions of BLS or ALS Services. For each violation or notice, please provide the outcome and the measures taken to correct the violation.

Violation or Notice	Corrective Actions
N/A	

14. The space below is provided for additional information that would not fit in the space provided above. Please refer to the question number that you are responding to and attach to this application. You may attach additional sheets as necessary.

Number	See supplementals
Number	
Number	
Number	
Number	

15. I/we have answered all questions truthfully and fully to the best of my/our knowledge.

By: John Visokay By: _____
 Printed name John Visokay Printed name _____

STATE OF FLORIDA
 COUNTY OF Hillsborough

Sworn to and subscribed before me this 11 day of January by John Visokay who is known personally known to me or has produced personally as identification.

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





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Re: Hernando County COPCN application: List of all Officers, Directors, and Shareholders (Name, Address, Position).

- a) Tampa General Hospital: 1 Tampa General Circle Tampa, Florida 33601-1289
 - i) Business Phone # (813) 844-7758
 - ii) 24-hour Dispatch Phone # (813) 844-7400 or 1-800-727-1911
 - iii) Fax Phone # (813) 844-5773
 - iv) Contacts:
 - (1) John Couris, President, CEO
 - (2) Kelly Cullen, Executive Vice President, COO
 - (3) Michele Moran, VP of Emergency Department, Trauma Services, and Aeromed Transport Program
 - (a) Phone Number Office (813) 844-3282
 - (b) Phone Number Cell (630) 272-9483
 - (4) John Visokay, Program Director
 - (a) Phone Number Office (813) 844-7758
 - (b) Phone Number Cell (609)312-9443
 - (c) Email: jvisokay @tgh.org
- b) Metro Aviation, Inc., 1214 Hawn Avenue, Shreveport, LA 71107
 - i) Business Phone # (800) 467-5529
 - ii) Mike Stanberry, President, CEO
 - iii) Kenny Morrow, COO
 - iv) Todd Stanberry, Director of Business Integration
 - (a) Phone Number Office (318) 222-5529 or (800)467-5529
 - (b) Email: tstanberry@metroaviation.com



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Re: Hernando County COPCN application: Previous experience and employment record of principal owners/operator:

Florida Health Sciences, Center, Inc. d/b/a Tampa General Hospital, Aeromed is a private, not-for-profit Corporation that has been in operation since March 1989. Metro Aviation, Inc. has been in operation since 1982 and is an industry leader in Part 135 air transport operations, aircraft completions, and air transport safety training. Tampa General Hospital, Aeromed partnered with Metro Aviation, Inc. in August 2013 to provide Part 135 air medical aircraft operations to include Hernando County, Florida. Tampa General Hospital is responsible for clinical operations of the program. Metro Aviation, Inc. is a Federal Aviation Administration Part 135 certificate holder and is responsible for Operational Control of Aeromed aircraft and maintenance. Aeromed and Metro Aviation, Inc. leadership teams work collaboratively to promote safety, clinical excellence, and customer service.

Aeromed- Air:

The Aeromed- Air program is a highly qualified and experienced hospital-based, traditional model air transport program that has been in service since 1989. Aeromed- Air safely transports patients from the scene of an accident/event as well as providing expert care for complex, inter-facility transports. Aeromed- Air completed 1,916 patient transports in CY 2022 and 2,131 patient transports in CY 2023. Aeromed- Air successfully obtained Commission on Accreditation of Medical Transport Systems (CAMTS) Accreditation in April 2013, reaccreditation in 4/2016, 4/2019, and 4/2022 demonstrating program, hospital, and aviation vendor commitment to meeting the highest air medical industry standards. Aeromed- Air is experienced in the transport of trauma, burn, cardiac/STEMI, transplant, surgical, pulmonary, high risk obstetric patients, pediatric, and other complex patient populations to include Aortic Emergency, intra-aortic balloon pump, ventricular assist device, and extra corporeal membrane oxygenation (ECMO) patients. Aeromed- Air medical crews complete comprehensive initial and continuing education requirements annually to include advanced certification in accordance with CAMTS accreditation standards. Aeromed- Air maintains a continuous quality review/performance improvement process to include voluntary submission of quality data to the GAMUT registry. Aeromed- Air medical protocols are developed in conjunction with USF and TGH Specialty services to provide the most current, evidence-based clinical care to promote the best patient outcomes possible. In addition, the Aeromed- Air program prides itself on value-based care maintaining reasonable air transport rates with ethical billing practices with no balanced billing of patients to date.



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Aeromed- Ground:

The Aeromed- Ground program is a highly qualified and experienced hospital-based ground transport service that was established in June 2023. Aeromed- Ground safely transports patients being admitted to, discharged from, or transferred between facilities operated by Florida Health Sciences Center, Inc. Aeromed- Ground has completed over 1,500 patient transports since June 5th 2023, supporting our Brandon Healthplex and Kennedy Emergency Center facilities with one ground ambulance. In December 2023 the Aeromed- Ground program received an additional two ambulances to enhance and expand our ground transport services. Aeromed- Ground is experienced in the transport of trauma, burn, cardiac/STEMI, transplant, surgical, pulmonary, high risk obstetric patients, pediatric, and other complex patient populations to include aortic emergencies, and respiratory patients requiring BiPAP, heated high flow nasal cannula, and mechanical ventilatory support. Aeromed- Ground medical crews complete comprehensive initial and continuing education requirements annually. Aeromed- Ground maintains a continuous quality review/performance improvement process to include supervisory review, and Medical Director review as needed. Aeromed- Ground medical protocols are developed in conjunction with USF and TGH Specialty services to provide the most current, evidence-based clinical care to promote the best patient outcomes possible.

Metro Aviation, Inc.:

Metro Aviation is dedicated to providing safe, high-quality aviation and maintenance services for their customers/partners. Metro provides services to include traditional aircraft operations, completions, maintenance, and training to allow customers to safely and effectively accomplish their mission profile. Metro operates more than 140 aircraft in more than 35 programs in 22 states throughout the US. Since 1995, Metro Aviation, Inc. has been the Part 135 provider for Holmes Regional Medical Center's First Flight air medical program in Melbourne, Florida. Florida Hospital in Orlando joined the Metro family in 2005, and Aeromed partnered with Metro Aviation in 2013.

Metro Aviation requires Pilots to possess 2,000 hours for Pilot in Command (PIC) positions as well as 500 hours of cross country flight time and 100 hours of night flight time. Metro Maintenance Technicians must have current FAA airframe and Power Plant Mechanic Certificate and at least 3 years' experience.

Metro Aviation is recognized by the FAA for achieving and maintaining the highest level, level 4, Safety Management System status. Metro Aviation operates from and conducts extensive training at its 12,000 square ft. training center in Shreveport, LA. As Metro continues to expand, the company remains true to the values set forth 31 years ago and truly welcomes each customer into the Metro Aviation family.



A E R O M E D

Re: Hernando County COPCN application: List of address and/or describe the location of your base station and all substations.

Base	Address	Base phone #	Chief Flight Nurse (CFN) Name and Cell #
Aeromed 1	Tampa General Hospital 1 Tampa General Circle Tampa, 33606	813-844-7810	Alisha Burnett 315-416-1444
Aeromed 2	Sebring Regional Airport 128 Authority Lane Sebring, 33870	863-655-6030	John Bitner 813-352-5456
Aeromed 4	Bartow Municipal Airport 4333 Echo Drive Bartow, 33830	863-533-4713	Tracy Sanderson 813-486-4854
Aeromed 5	Charlotte County Fire Rescue Station 7 27437 Mooney Ave. Punta Gorda, 33982	813-844-5995	Jimmy Holt 352-585-2595
Aeromed Medic 10 Aeromed Medic 20 Aeromed Medic 30	TGH Brandon Healthplex 10740 Palm River Rd. Tampa, 33619 Tampa General Hospital 1 Tampa General Circle Tampa, 33606 Kennedy Emergency Center 1301 W. Kennedy Blvd. Tampa, 33606	813-844-7172	John Visokay Program Director 609-312-9443 Kenneth Allen Lead Paramedic 207-485-4558



A E R O M E D

Re: Hernando County COPCN application: Type and number of vehicles organization uses for operation and back up.

The Aeromed- Air program operates 4 aircraft bases as per the attached base spreadsheet with two dedicated backup aircrafts for the program. Aeromed utilizes a BK 117 aircraft and a Bell 407 GX aircraft as a dedicated backups to ensure continuity of operations for patients and referring customers.

Reference the below Aeromed aircraft spreadsheet for specific aircraft data.

Make	Base	Model	Year of Manufacture	Permit #	FAA Registration/Tail #/ Chassis Number	Serial #	Color Scheme
Eurocopter	Back up aircraft	BK117 C1	1993	1732	N914TG	7506	blue/gold
Airbus Helicopters	Aeromed 1/Tampa	BK117 C2e	2020	2021	N911TG	9855	blue/yellow
Bell Helicopter	Aeromed 2/Sebring	407 GX	2012	1744	N922TG	54375	blue/yellow
Bell Helicopter	Back up aircraft	407 GX	2012	1745	N933TG	54376	blue/yellow
Bell Helicopter	Aeromed 4/Bartow	407 GX	2012	1746	N944TG	54377	blue/yellow
Bell Helicopter	Aeromed 5/Punta Gorda	407 GX	2012	1747	N955TG	54379	blue/yellow

The Aeromed- Ground program operates 1 ambulance, and two additional ambulances pending state approval, per the attached spreadsheet. The 2017 International/Braun ambulance will be utilized as a dedicated backup to ensure continuity of operations for patients and hospital partners.

Reference the below Aeromed ambulance spreadsheet for specific ambulance data.

Make/Model	Year of Manufacture	Mileage/ Hours	Chassis Number	Interior Patient Compartment Height/Width/Length	Color Scheme
Freightliner/Horton	2015	156,320/ 10121	1FVACWDT1FHGD6314	73"/96"/173"	blue/yellow
Freightliner/Horton	2014	103,300/ 9131	1FVACWDT0EHFY8887	73"/96"/173"	blue/yellow
International/Braun	2017	102, 270	1HTMNMLXHH47526	73"/96"/170"	blue/yellow



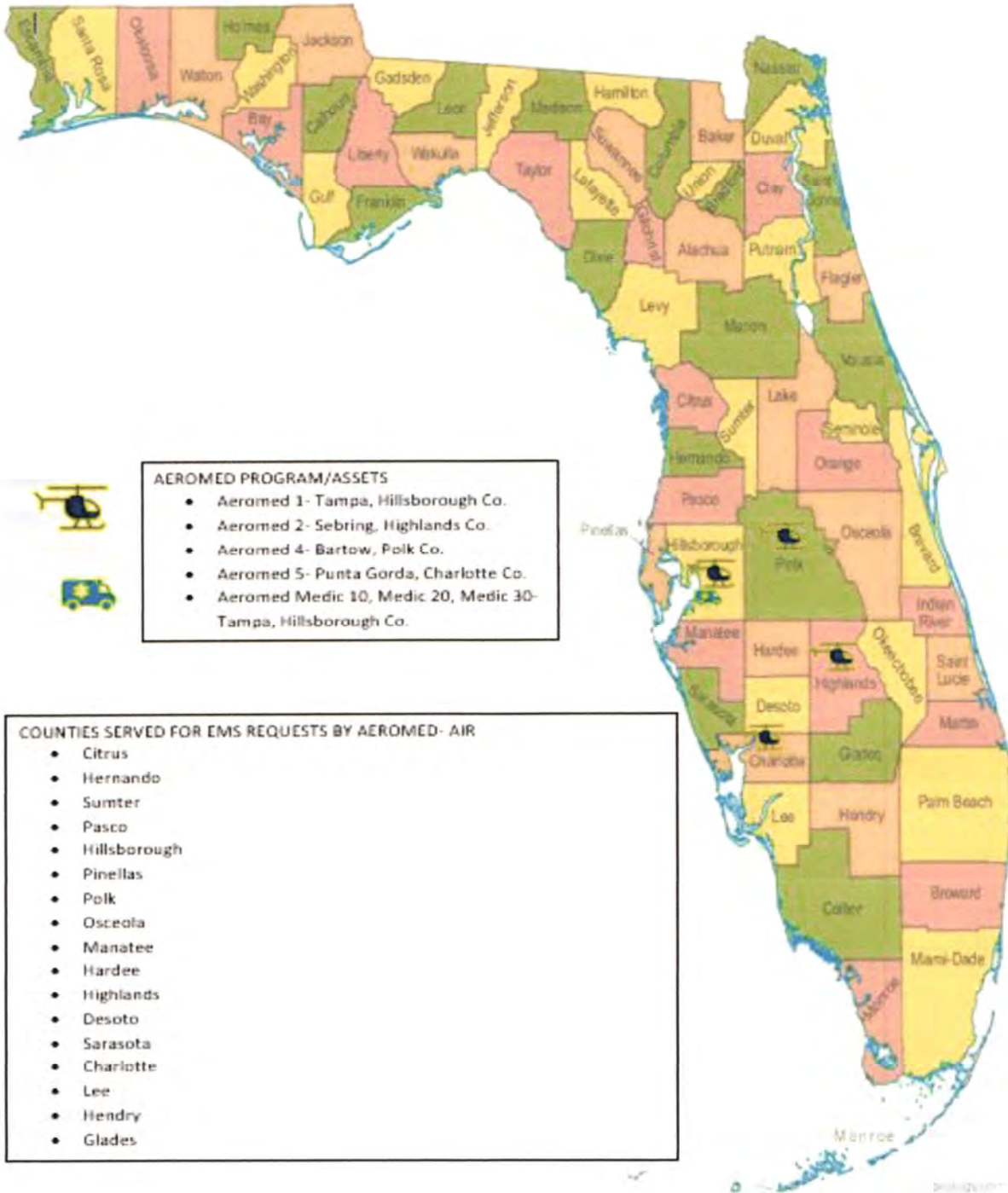
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Re: Hernando County COPCN application: The proposed geographic area or areas to be covered by our service. Illustrated by use of attached map.

Aeromed- Air provides prehospital and critical care interfacility air transport services in West Central Florida to include primary and secondary service in 23 counties in Florida. Aeromed- Air completes air transports from North Florida locations to include Gainesville, Jacksonville, and Tallahassee as well as southern locations to include Miami, Ft. Lauderdale, and Palm Beach. Aeromed- Air maintains 4 bases of operation in Hillsborough, Polk, Highlands, and Charlotte Counties with two dedicated program back up aircrafts to minimize maintenance related out of service time. These bases are considered regional assets serving the counties in which they are based as well as primary, secondary, and tertiary surrounding counties. Reference the attached map.

Aeromed- Ground provides transport to patients being admitted to, discharged from, or transferred between facilities operated by Florida Health Sciences Center, Inc. Since June 2023, Aeromed- Ground has supported the Florida Health Sciences Center, Inc. d/b/a Tampa General Hospital facilities within Hillsborough County. With the expansion of Tampa General Hospital into Hernando County, and the addition of two ambulances, it is the desire of the Aeromed- Ground program to support the new Tampa General Hospital- Brooksville and Tampa General Hospital- Spring Hill hospitals as well.

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A E R O M E D

Re: Hernando County COPCN application: Hours and days of operation.

Aeromed- Air and Metro Aviation, Inc. operate 4 bases of operation (reference map and base information) with each aircraft operating 24 hours per day, 7 days per week. Each aircraft is staffed with a highly experienced, ALS/critical care trained crew comprised of a Pilot, Flight Nurse/Paramedic, and Flight Paramedic.

Aeromed- Ground and Tampa General Hospital operate 1 ambulance, with an additional two pending state approval. Currently, Medic 10 operates 12 hours per day, 7 days per week. With the approval of the two additional ambulances, and hiring of additional personnel, operations will extend to 24 hours per day, 7 days per week, with a dedicated backup ambulance. Each ambulance is staffed with a highly experienced ALS trained crew comprised of two Paramedics.

The Aeromed Communications Center is located at Tampa General Hospital and is staffed with two FAA-certified Communications Specialists 24 hours per day, 7 days per week. The Aeromed Communications Center is directly linked with the Metro Aviation, Inc. Operational Control Center at all times. Aviation and Medical Director support is also available 24 hours per day, 7 days per week.



A E R O M E D

Re: Hernando County COPCN application: Types of persons that Aeromed proposes to transport.

Aeromed provides the following services and receives comprehensive ongoing didactic training to care for and transport the following patient populations. Aeromed's transport and medical protocols reflect State approved and evidence-based practice in collaboration with the Specialty Service providers at Tampa General Hospital.

- Pre-hospital (scene) transport- Air Ambulance only
- Critical Care, Specialty Care, inter-facility transport- Air Ambulance only
- Specialty Care transports include:
 - Neonatal patient transport: NICU transport team and at minimum one medical crew member who functions as safety officer- Air and Ground Ambulance
 - Intra-aortic balloon pump (IABP) transport
 - Ventricular Assist device (VAD) transport
 - Extracorporeal membrane oxygenation (ECMO) transport
- ALS, inter-facility transport- Air and Ground Ambulance
- Search requests- Air Ambulance only
- Organ and/or Transplant Team transport
- Public relations requests (as approved by Aeromed Administration)
- Disaster Response as requested by FL DOH (as approved by Aeromed Administration)

Patient Populations:

- Trauma
- Cardiac
- Pulmonary
- Stroke/Neurological emergency
- Aortic Emergency
- Surgical
- Medical
- High Risk Obstetrical
- Burn
- Spinal Cord Injury
- Amputation/near-amputation
- Transplant
- Neonatal (utilize NICU transport team)
- Adult
- Pediatric
- Geriatric



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Re: Hernando County COPCN application: Rate structure and method of collection of fees.

Aeromed- Air is dedicated to keeping our rates, fares, and charges competitive and aligned with national air medical industry standards. We have benchmarked with other air transport programs and find that our rates are below the national average. Current Aeromed- Air rates and charges are as follows:

Lift off: \$21,496.00

Loaded statute mileage rate: \$216.00

Aeromed- Ground/ Tampa General Hospital currently does not bill separately for ground transport services. Tampa General Hospital is pursuing contracts for the ability to bill at standard and customary rates that align with national ground medical industry standards. Aeromed prides itself on ethical billing practices and does not engage in balanced billing as a standard practice. Aeromed partners with Quick Med Claims to bill patient insurance carriers for air transport services.



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Re: Hernando County COPCN application: How services will be accessible to the indigent.

Aeromed is a hospital-based, traditional model air and ground transport program affiliated with Tampa General Hospital. Tampa General Hospital is a private, not-for-profit health system committed to providing world-class, value-based care for all Florida citizens and visitors irrespective of their ability to pay. As the regional Academic, tertiary, and quaternary care health system, we understand we will deliver charitable care as part of our mission to care for everyone, every day.



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Re: Hernando County COPCN application: Additional information

Qualification of Personnel:

All Aeromed/Metro Aviation, Inc. Pilots are rated commercial pilots with a minimum of 2000 flight hours with most exceeding this required minimum.

Aeromed Flight Nurse/Paramedics are required to have a minimum of 5 years Critical Care and Emergency experience. Flight Nurse/Paramedics are required to have a Florida RN license and Florida Paramedic certificate with the following requirements: basic life support (BLS), advanced cardiac life support (ACLS), pediatric advanced life support (PALS), neonatal resuscitation program (NRP), DOT Air medical crew core curriculum content completion, ATLS audit or approved advanced trauma course completion, and water egress training. Aeromed Flight Paramedics are required to have a Florida Paramedic certificate with a minimum of 5 years ALS experience. Flight Paramedics are required to maintain BLS, ACLS, PALS, NRP, DOT air medical crew core curriculum content completion, ATLS audit or approved advanced trauma course completion, and water egress training. Aeromed Flight Nurse/Paramedics and Flight Paramedics are required to obtain national advanced certification such as CFRN, CCRN, CEN, FP-C, or CCP-C as per Commission on Accreditation of Medical Transport Systems (CAMTS) Accreditation within 2 years of hire. In 2020, Aeromed updated infectious disease transport processes and conducted comprehensive simulation training to ensure our teams were providing the safest, highest quality care and transport for high acuity COVID patients.

Aeromed Ground Paramedics are required to have a Florida Paramedic certification with a minimum of 2 years ALS experience. Ground Paramedics are required to maintain BLS, ACLS, PALS, and NRP. Upon seeking initial and recurrent CAMTS accreditation for the Aeromed- Ground program, Ground Paramedics will be required to obtain any and all additional certifications as per the Commission on Accreditation of Medical Transport Systems (CAMTS) standards.

Maintenance:

All Aeromed/Metro Aviation, Inc. Mechanics are extremely experienced and receive extensive training. Aircraft are maintained as per FAA established guidelines.

Metro Aviation, Inc. Safety Management System:

Metro Aviation, Inc. has met the highest recommended safety management system standards as per the FAA, entering level 4 in 2013.



A E R O M E D

CAMTS Accreditation:

Aeromed- Air was awarded CAMTS accreditation in April 2013 with full reaccreditation in April 2016, April 2019, and April 2022 demonstrating program commitment to maintaining the highest industry standards regarding Leadership/Management, Quality, Utilization Review, Education and Training, and Safety. See attached certificate.

Aeromed- Ground is committed to seeking initial CAMTS accreditation in the future with the same commitments to meeting the highest industry standards regarding Leadership/Management, Quality, Utilization Review, Education and Training, and Safety.



AEROMED

Re: Hernando County COPCN application: Certification of fictitious name, two-year pro-forma budget, personnel roster, license, and insurance.

Certification of fictitious name:



DIVISION of CORPORATIONS
an official State of Florida website

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[Filing History](#)

Fictitious Name Detail

Fictitious Name

AEROMED

Filing Information

Registration Number G13000052453
 Status ACTIVE
 Filed Date 06/04/2013
 Expiration Date 12/31/2028
 Current Owners 1
 County HILLSBOROUGH
 Total Pages 3
 Events Filed 2
 FEI/EIN Number 59-3458145

Mailing Address

ONE TAMPA GENERAL CIRCLE
TAMPA, FL 33606

Owner Information

FLORIDA HEALTH SCIENCES CENTER, INC.
 ONE TAMPA GENERAL CIRCLE
 TAMPA, FL 33606
 FEI/EIN Number: 59-3458145
 Document Number: N97000003941

Document Images

- [06/04/2013 -- Fictitious Name Filing](#)
- [05/01/2023 -- Fictitious Name Renewal Filing](#)
- [04/09/2018 -- Fictitious Name Renewal Filing](#)

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A E R O M E D

Two-year pro-forma budget:

Florida Health Sciences Center, Inc and Subsidiaries
 Consolidated Income Statement
In Thousands

	Two Year ProForma	
	2023	2024
Operating Revenues		
Net Patient Service Revenue	2,198,201	2,264,147
Other Operating Revenue	286,282	273,670
Total Operating Revenue	2,484,483	2,537,817
Operating Expenses		
Salaries and Wages	831,926	828,559
Employee Benefits	197,563	215,425
Professional Fees	69,595	70,291
Medical Supplies	315,764	325,237
Pharmaceuticals	232,942	239,930
Other Supplies	38,175	39,320
Purchased Services	335,374	342,081
Utilities and Rent/Lease	61,594	62,210
Assessments	26,245	27,170
Medical Professional Costs	100,215	101,217
Insurance	43,358	43,792
Other Expense	26,661	26,928
Depreciation and Amortization	85,741	93,612
Interest Expense	35,155	34,804
Total Operating Expenses	2,400,308	2,450,576
Operating Income	84,175	87,242
Investment Returns	38,430	38,430
Donations, Income Tax, and Other	670	2,050
Net Income	123,275	127,722



A E R O M E D

Personnel roster: Air

Last Name	First Name	Hire Date	RN License	Paramedic Cert
Adams	Mark	04/19/2004		PMD 507417
Adkins	Keland	04/13/2015	RN 9526801	PMD 522290
Bitner	John	05/01/2010	RN 9306385	PMD 523569
Blanchard	Brian	03/04/2019	RN 9414343	PMD 538013
Burnett	Alisha	11/19/2012	RN 9351712	PMD 528672
Burnett	Matthew	11/19/2012	RN 9350430	PMD 524831
Charczenko	Rebecca	1/24/2022		PMD 536834
Connell	Noah	05/04/2009		PMD 504208
Curren	Kelly	08/18/2008		PMD 200304
Denicourt	Adam	2/17/2020		PMD 522566
Duppenthaler	Laurie	08/18/2008	RN 9170133	PMD 509768
Freas	Robert	12/01/2008	RN 9271962	PMD 514738
Haines	Caitlyn	1/4/2016	RN9427043	PMD 532340
Hamilton	Tricia	12/8/2014	RN9363182	PMD 528209
Hess	Sarah	08/01/2006	RN 9233298	PMD 518659
Holt	James	02/11/2002	RN 3234652	PMD 17802
Hughes	Chadd	10/21/2002	RN 9188741	PMD 514896
Huston	James	1/20/2020		PMD 535304



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Keffeler	Jotham	07/08/2002	RN 9188997	PMD 511240
Kellems	Robyn	09/22/1984	RN 1489892	PMD 205221
Kresge	Daniel	05/10/1992	RN 2835822	PMD 19693
Maslonka	Justin	05/14/2018		PMD 523574
McNally	Kyle	03/16/2015		PMD 522253
Miller	Aurelia	8/15/2016	RN9235532	PMD517437
Miller	Kyle	01/19/2015		PMD 515588
Miller	Scott	06/06/1994	RN 2903102	PMD 201060
Monk	Robert	08/18/2008		PMD 11424
Nelson	Charles	04/19/1999		PMD 13652
Pearson	Richard	3/5/2007	RN 9213405	PMD 531844
Pennington	Joseph	11/03/2008		PMD 12130
Rader	Mariya	2/27/2017	RN9449997	PMD534683
Richardson	Donald	06/04/2001	RN 2793692	PMD 17762
Sanderson	Tracy	03/14/2001	RN 9175288	PMD 205819
Stevenson	Wendi	11/03/2014	RN 9363653	PMD 527618
Tavakoli	Renee	07/25/2011	RN 9293069	PMD 531529
Turgeon	Cedric	08/18/2008		PMD 201623
Velar	Thomas	10/25/2021		PMD 512198



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Personnel Roster: Ground (All Flight Crew can provide care on ground ambulance as non-drivers)

Last Name	First Name	Hire Date	EVOC Training	Paramedic Cert
Allen	Kenneth P.	5/2023	05/2023	PMD53869
Bekele	Samuel	11/2023	Non-driver until 1/2024	PMD528050
Dicesare	Joshua	12/2023	Non-driver until 1/2024	PMD532152
McAndrew	Joseph	9/2023	Non-driver until 1/2024	PMD526852
Van Nest	Carl	5/2023	05/2023	PMD541596



A E R O M E D

License: Air



**STATE OF FLORIDA
DEPARTMENT OF HEALTH
BUREAU OF EMERGENCY MEDICAL OVERSIGHT**

AIR AMBULANCE SERVICE LICENSE

This is to certify that FLORIDA HEALTH SCIENCES CENTER INC. Provider Number # 2905
DBA TAMPA GENERAL HOSPITAL, AEROMED
Name of Provider

1 TAMPA GENERAL CIRCLE TAMPA, FL 33606
Address

has complied with Chapter 401, Florida Statutes, and Chapter 64J-1, Florida Administrative Code, and is authorized to operate as an Air Ambulance Service subject to any and all limitations specified in the applicable Certificate(s) of Public Convenience and Necessity and/or Mutual Aid Agreements for the County(s) listed below:

CHARLOTTE, CITRUS, DESOTO, GLADES, HARDEE, HIGHLANDS, HILLSBOROUGH,
MANATEE, OKFECHOBE, PASCO, PINELLAS, POLK, SARASOTA
County(s)


 Michael Hall, Section Administrator
 Emergency Medical Services
 Florida Department of Health

THIS CERTIFICATE EXPIRES ON: 01/17/2026
This certificate shall be posted in the above mentioned establishment



A E R O M E D

License: Ground



**STATE OF FLORIDA
DEPARTMENT OF HEALTH
BUREAU OF EMERGENCY MEDICAL OVERSIGHT**

ADVANCED LIFE SUPPORT SERVICE LICENSE

This is to certify that: FLORIDA HEALTH SCIENCES CENTER, INC. DBA TAMPA GENERAL HOSPITAL Provider Number # 10063
Name of Provider

1 TAMPA GENERAL CIRCLE TAMPA, FLORIDA 33606
Address

has complied with Chapter 401, Florida Statutes, and Chapter 64J-1, Florida Administrative Code, and is authorized to operate as an Advanced Life Support Service subject to any and all limitations specified in the applicable Certificate(s) of Public Convenience and Necessity and/or Mutual Aid Agreements for the County(s) listed below:

HILLSBOROUGH
County (s)

Michael Hall, Section Administrator
Emergency Medical Services
Florida Department of Health

THIS CERTIFICATE EXPIRES ON: 05/23/2025


This certificate shall be posted in the above mentioned establishment



AEROMED

CAMTS Certificate:

The Board of Directors of



Commission on Accreditation of Medical Transport Systems

hereby awards accreditation to

TAMPA GENERAL HOSPITAL
AEROMED

From April 8, 2022 to April 8, 2025


Presented in recognition for substantial compliance with CAMTS Accreditation Standards in quality care and safety for patients requiring medical transport in the following categories:

<p>Modes of Transport</p> <input type="checkbox"/> Fixed Wing <input checked="" type="checkbox"/> Rotorwing <input type="checkbox"/> Surface Critical Care <input type="checkbox"/> Ground ALS <input type="checkbox"/> Ground BLS <input type="checkbox"/> Medical Escort	<p>Patient Types (Care and Transport)</p> <input checked="" type="checkbox"/> Adult <input checked="" type="checkbox"/> PICU <input checked="" type="checkbox"/> IABP <input checked="" type="checkbox"/> Perinatal <input checked="" type="checkbox"/> Neonatal <input checked="" type="checkbox"/> ECMO <input type="checkbox"/> Inhaled Nitric Oxide (INO)	<p>Patient Types (Transport Only)</p> <input type="checkbox"/> Adult <input type="checkbox"/> PICU <input type="checkbox"/> IABP <input type="checkbox"/> Perinatal <input type="checkbox"/> Neonatal <input type="checkbox"/> ECMO <input type="checkbox"/> Inhaled Nitric Oxide (INO)	<p>Levels of Service</p> <input checked="" type="checkbox"/> Critical Care <input checked="" type="checkbox"/> Specialty Care <input type="checkbox"/> ALS (Air) <input type="checkbox"/> ALS (Ground) <input type="checkbox"/> BLS (Ground)
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The Medical Transport Service is granted this Certificate of Accreditation by the authority of
Commission on Accreditation of Medical Transport Systems
 An organization with equal representation from each of the following member organizations:

<ul style="list-style-type: none"> <i>Aerospace Medical Association</i> <i>Air Medical Operators Association</i> <i>Air Medical Physicians Association</i> <i>Air & Surface Transport Nurses Association</i> <i>American Academy of Pediatrics</i> <i>American Association of Critical Care Nurses</i> <i>American Association of Respiratory Care</i> <i>American College of Emergency Physicians</i> <i>American College of Surgeons</i> <i>Association of Air Medical Services</i> <i>Association of Critical Care Transport</i> 	<ul style="list-style-type: none"> <i>Emergency Nurses Association</i> <i>International College of Advanced Practice Paramedics</i> <i>International Association of Medical Transport Communications Specialists</i> <i>National Air Transportation Association</i> <i>National Association of EMS Physicians</i> <i>National Association of Neonatal Nurses</i> <i>National Association of State EMS Officials</i> <i>National EMS Pilots Association</i> <i>United States Transportation Command Liaison</i>
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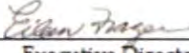
The Commission on Accreditation of Medical Transport Systems is dedicated to improving the quality of patient care and safety of the transport environment for services providing rotorwing, fixed wing and surface transport systems.



 Chair



 Secretary



 Executive Director



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/25/2024

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).

Table with PRODUCER and INSURED information. PRODUCER: MARSH USA LLC, 1560 Sawgrass Corporate Pkwy, Suite 300, Sunrise, FL 33323. INSURED: Florida Cancer Specialists & Research Institute, LLC, 4371 Veronica S Shoemaker Blvd, Fort Myers, FL 33916. CONTACT NAME: MARSH USA LLC, PHONE, FAX, ADDRESS. INSURER(S) AFFORDING COVERAGE: INSURER A: National Fire & Marine Insurance Co, INSURER B: National Union Fire Insurance Co, INSURER C: AIU Insurance Co, INSURER D: American Guarantee and Liability Insurance Company, INSURER E, INSURER F.

COVERAGES CERTIFICATE NUMBER: ATL-005700604-01 REVISION NUMBER: 2

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.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL SUBR INSD WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Rows include: A COMMERCIAL GENERAL LIABILITY (claims-made, occur, various limits), B AUTOMOBILE LIABILITY (any auto, owned, hired, non-owned, combined single limit, bodily injury, property damage), C UMBRELLA LIAB AND EXCESS LIAB (each occurrence, aggregate), C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY (AOS, FL, WI, CA, various limits), D Excess Liability (\$10M primary).

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Hernando County Board of County Commissioners is/are included as additional insured where required by written contract with respect to Auto Liability.

CERTIFICATE HOLDER

CANCELLATION

Table with 2 columns: CERTIFICATE HOLDER, CANCELLATION. CERTIFICATE HOLDER: Hernando County Board etc, 15470 Flight Path Dr, Brooksville, FL 34604. 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 of Marsh USA LLC, Sandra Lee.



AEROMED



3353 Peachtree Road, N.E., Suite 1000
 Atlanta, GA 30326
 Telephone: (404) 946-1400

Certificate of Insurance

(sometimes referred to herein as "this Certificate")

This is to certify that the policy(ies) listed herein have been issued providing coverage for the listed insured as further described. This certificate of insurance is not an insurance policy and does not amend, extend, or alter the coverage afforded by the policy(ies) listed herein. Notwithstanding any requirement, term or condition of any contract, or other document with respect to which this certificate of insurance may be concerned or may pertain, the insurance afforded by the policy(ies) listed on this certificate is subject to all the terms, exclusions, and conditions of such policy(ies).

This is to certify to:

FLORIDA HEALTH SCIENCES, A FLORIDA
 NON-PROFIT CORPORATION DBA TAMPA
 GENERAL HOSPITAL AND HILLSBOROUGH
 COUNTY EMERGENCY MEDICAL PLANNING
 COUNCIL AND BOARD OF COUNTY
 COMMISSIONERS
 P. O. BOX 1289
 TAMPA, FL 33601

(sometimes referred to herein as "the Certificate Holder(s)")

that the Insurers referred to below, EACH FOR ITS OWN PART AND NOT ONE FOR THE OTHER, are providing the following insurance:

Named Insured(s):	Metro Aviation, Inc. and as endorsed (hereinafter, the "Named Insured(s)")
Policy Address:	PO BOX 7008 SHREVEPORT, LA 71137 (hereinafter, the "Named Insured(s) Address")
Policy Period:	September 1, 2023 to September 1, 2024 on both dates at 12:01 A.M. local standard time at the address of the Named Insured(s) (hereinafter, the "Policy Period")
Territory:	Worldwide
Insurers:	SEE ATTACHED SCHEDULE OF INSURERS
Description of Insurance Coverage(s):	Aircraft Hull Insurance: All Risks, Ground and In-flight Aircraft Liability Insurance, including Passenger Liability, Third Party Liability and War Risks Liability as per AVN52E. Aviation Commercial General Liability Insurance including Premises, Products/Completed Operations, Fire Legal and Hangarkeepers Legal Liability.
Limit(s) of Liability:	Aircraft Liability: Combined Single Limit for Bodily Injury and Property Damage of \$50,000,000 each occurrence and in the aggregate where applicable. War Risks Liability, as per AVN52E \$0 each occurrence. Aviation Commercial General Liability: Combined Single Limit for Bodily Injury and Property Damage of \$50,000,000 each occurrence and in the annual aggregate with respects to Products/Completed Operations. Including Hangarkeepers Legal Liability \$50,000,000 each aircraft, each loss and Fire Legal Liability \$1,000,000 any one fire. Personal injury sub-limited to \$0 each occurrence and in the annual aggregate.

Description of Equipment to which this Certificate applies:

<u>Registration (MSN)</u>	<u>Make / Model</u>	<u>Agreed Value</u>
N922TG (SN 54375)	Bell 407	\$3,500,000
N933TG (SN 54376)	Bell 407	\$3,500,000
N944TG (SN 54377)	Bell 407	\$3,500,000
N955TG (SN 54379)	Bell 407	\$3,500,000
N911TG (SN 9855)	EC-145C2e	\$7,524,234
N914TG (SN 7506)	BK 117 C1	\$3,000,000

Deductible(s): Not In Motion: \$50,000 / In Motion: 10% of Insured value;
 Subject to a Maximum of \$100,000 each and every loss for aircraft with Insured value less than \$2,000,000 and



A E R O M E D



Subject to a Maximum of \$250,000 each and every loss for aircraft with Insured Value equal or greater than \$2,000,000



A E R O M E D

Air Carrier Certificate:



Air Carrier Certificate

This certifies that

**METRO AVIATION, INC.
1214 HAWN AVENUE
SHREVEPORT, LA. 71107**

has met the requirements of the Federal Aviation Act of 1958, as amended, and the rules, regulations, and standards prescribed thereunder for the issuance of this certificate and is hereby authorized to operate as an air carrier and conduct common carriage operations in accordance with said Act and the rules, regulations, and standards prescribed thereunder and the terms, conditions, and limitations contained in the approved operations specifications.

This certificate is not transferable and, unless sooner surrendered, suspended, or revoked, shall continue in effect indefinitely.

By Direction of the Administrator

William Lloyd Kelley
(Signature)

Manager
(Title)

ASW-ESDC-03
(Region/Office)

Certificate number HDNA610E

Effective Date August 13, 1985


Reissued November 15, 2007

Issued at ASW-ESDC-03



AEROMED

Air Worthiness Certificates:

REGISTRATION NOT TRANSFERABLE	
UNITED STATES OF AMERICA DEPARTMENT OF TRANSPORTATION - FEDERAL AVIATION ADMINISTRATION CERTIFICATE OF AIRCRAFT REGISTRATION	
This certificate must be in the aircraft when operated.	
NATIONALITY AND REGISTRATION MARKS N 914TG	AIRCRAFT SERIAL NO. 7506
MANUFACTURER AND MANUFACTURER'S DESIGNATION OF AIRCRAFT EUROCOPTER DEUTSCHLAND GMBH MBB-BK 117 C-1	
ICAO Aircraft Address Code: 53123467	
I S S U E D T O	FLORIDA HEALTH SCIENCES CENTER INC DBA TAMPA GENERAL HOSPITAL 1 TAMPA GENERAL CIR TAMPA FL 33606-3571 Corporation
	This certificate is issued for registration purposes only and is not a certificate of title. The Federal Aviation Administration does not determine rights of ownership as between private persons.
It is certified that the above described aircraft has been entered on the register of the Federal Aviation Administration, United States of America, in accordance with the Convention on International Civil Aviation dated December 7, 1944, and with Title 49, United States Code, and regulations issued thereunder.	
DATE OF ISSUE: December 1, 2021 EXPIRATION DATE: December 31, 2024	 ADMINISTRATOR
U.S. Department of Transportation Federal Aviation Administration	

U.S. Department of Transportation
Federal Aviation Administration

Civil Aviation Registry
P.O. Box 25004
Oklahoma City, OK 73125-0504

Official Business
Penalty for Private Use \$300

AC Form 8050-3 (10/2019) Supersedes previous edition 914TG

TO: FLORIDA HEALTH SCIENCES CENTER INC DBA
1 TAMPA GENERAL CIR
TAMPA FL 33606-3571

UNITED STATES OF AMERICA DEPARTMENT OF TRANSPORTATION-FEDERAL AVIATION ADMINISTRATION STANDARD AIRWORTHINESS CERTIFICATE			
1 NATIONALITY AND REGISTRATION MARKS N911TG	2 MANUFACTURER AND MODEL AIRBUS HELICOPTERS INC MBB-BK 117 C-2	3 AIRCRAFT SERIAL NUMBER 9855	4 CATEGORY Transport
5 AUTHORITY AND BASIS FOR ISSUANCE This airworthiness certificate is issued pursuant to 49 U.S.C. § 44704 and certifies that as of the date of issuance, this aircraft has been inspected and found to conform to its type certificate and be in condition for safe operation. This aircraft meets the requirements of the applicable airworthiness standards in Annex 8 to the Convention on International Civil Aviation, except as follows: NONE			
6 TERMS AND CONDITIONS Unless sooner surrendered, suspended, revoked, or a termination date is otherwise established by the FAA, this airworthiness certificate is effective as long as maintenance, preventative maintenance, and alterations are performed per the applicable Federal Aviation Regulations and the aircraft is registered in the United States.			
DATE OF ISSUANCE R- 20/Jul/2020	FAA REPRESENTATIVE //Signed by//Milton Kimmell Geltz,06:34 PM, May 19, 2021		DESIGNATION NUMBER 294096223
Any alteration, misuse, or reproduction of this certificate for a fraudulent purpose may be punishable by certificate revocation, fine, and / or imprisonment. THIS CERTIFICATE MUST BE DISPLAYED IN THE AIRCRAFT PER THE APPLICABLE FEDERAL AVIATION REGULATIONS.			
FAA Form 8100-2 (9-2019) Previous Edition May be Used Until Depleted			



AEROMED

UNITED STATES OF AMERICA
DEPARTMENT OF TRANSPORTATION-FEDERAL AVIATION ADMINISTRATION
STANDARD AIRWORTHINESS CERTIFICATE

1 NATIONALITY AND REGISTRATION MARKS N922TG	2 MANUFACTURER AND MODEL Bell Helicopter Textron Canada Ltd 407	3 AIRCRAFT SERIAL NUMBER 54375	4 CATEGORY Normal
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5 AUTHORITY AND BASIS FOR ISSUANCE: This airworthiness certificate is issued pursuant to the Federal Aviation Act of 1958 and certifies that, as of the date of issuance, the aircraft to which issued has been inspected and found to conform to the type certificate therefor, to be in condition for safe operation, and has been shown to meet the requirements of the applicable comprehensive and detailed airworthiness code as provided by Annex 8 to the Convention on International Civil Aviation, except as noted herein. Exceptions:

NONE

6 TERMS AND CONDITIONS: Unless sooner surrendered, suspended, revoked, or a termination date is otherwise established by the Administrator, this airworthiness certificate is effective as long as the maintenance, preventative maintenance, and alterations are performed in accordance with Parts 21, 43, and 91 of the Federal Aviation Regulations, as appropriate, and the aircraft is registered in the United States.

DATE OF ISSUANCE (R) Nov. 28, 2012	FAA REPRESENTATIVE <i>Jerry M. Keyser</i> Jerry M. Keyser	DESIGNATION NUMBER DART-830547-EA
--	--	---

Any falsification, reproduction, or misuse of this certificate may be punishable by a fine not exceeding \$1,000 or imprisonment not exceeding 3 years or both. THIS CERTIFICATE MUST BE DISPLAYED IN THE AIRCRAFT IN ACCORDANCE WITH APPLICABLE FEDERAL AVIATION REGULATIONS.

FAA Form 8100-2 (3-08)

UNITED STATES OF AMERICA
DEPARTMENT OF TRANSPORTATION-FEDERAL AVIATION ADMINISTRATION
STANDARD AIRWORTHINESS CERTIFICATE

1 NATIONALITY AND REGISTRATION MARKS N933TG	2 MANUFACTURER AND MODEL Bell Helicopter Textron Canada Ltd 407	3 AIRCRAFT SERIAL NUMBER 54376	4 CATEGORY Normal
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5 AUTHORITY AND BASIS FOR ISSUANCE: This airworthiness certificate is issued pursuant to the Federal Aviation Act of 1958 and certifies that, as of the date of issuance, the aircraft to which issued has been inspected and found to conform to the type certificate therefor, to be in condition for safe operation, and has been shown to meet the requirements of the applicable comprehensive and detailed airworthiness code as provided by Annex 8 to the Convention on International Civil Aviation, except as noted herein. Exceptions:

NONE

6 TERMS AND CONDITIONS: Unless sooner surrendered, suspended, revoked, or a termination date is otherwise established by the Administrator, this airworthiness certificate is effective as long as the maintenance, preventative maintenance, and alterations are performed in accordance with Parts 21, 43, and 91 of the Federal Aviation Regulations, as appropriate, and the aircraft is registered in the United States.

DATE OF ISSUANCE (R) Nov. 28, 2012	FAA REPRESENTATIVE <i>Jerry M. Keyser</i> Jerry M. Keyser	DESIGNATION NUMBER DART-830547-EA
--	--	---

Any falsification, reproduction, or misuse of this certificate may be punishable by a fine not exceeding \$1,000 or imprisonment not exceeding 3 years or both. THIS CERTIFICATE MUST BE DISPLAYED IN THE AIRCRAFT IN ACCORDANCE WITH APPLICABLE FEDERAL AVIATION REGULATIONS.

FAA Form 8100-2 (3-08)



AEROMED

UNITED STATES OF AMERICA
DEPARTMENT OF TRANSPORTATION-FEDERAL AVIATION ADMINISTRATION
STANDARD AIRWORTHINESS CERTIFICATE

1 NATIONALITY AND REGISTRATION MARKS N944TG	2 MANUFACTURER AND MODEL Bell Helicopter Textron Canada Ltd 407	3 AIRCRAFT SERIAL NUMBER 54377	4 CATEGORY Normal
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5 AUTHORITY AND BASIS FOR ISSUANCE: This airworthiness certificate is issued pursuant to the Federal Aviation Act of 1958 and certifies that, as of the date of issuance, the aircraft to which issued has been inspected and found to conform to the type certificate therefor, to be in condition for safe operation, and has been shown to meet the requirements of the applicable comprehensive and detailed airworthiness code as provided by Annex 8 to the Convention on International Civil Aviation, except as noted herein. Exceptions:

NONE

6 TERMS AND CONDITIONS: Unless sooner surrendered, suspended, revoked, or a termination date is otherwise established by the Administrator, this airworthiness certificate is effective as long as the maintenance, preventative maintenance, and alterations are performed in accordance with Parts 21, 43, and 91 of the Federal Aviation Regulations, as appropriate, and the aircraft is registered in the United States.

DATE OF ISSUANCE (R) Dec. 05, 2012	FAA REPRESENTATIVE <i>Jerry M. Keyser</i> Jerry M. Keyser	DESIGNATION NUMBER DART-830547-EA
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Any alteration, reproduction, or misuse of this certificate may be punishable by a fine not exceeding \$1,000 or imprisonment not exceeding 3 years or both. THIS CERTIFICATE MUST BE DISPLAYED IN THE AIRCRAFT IN ACCORDANCE WITH APPLICABLE FEDERAL AVIATION REGULATIONS.

FAA Form 8100-2 (3-03)

UNITED STATES OF AMERICA
DEPARTMENT OF TRANSPORTATION-FEDERAL AVIATION ADMINISTRATION
STANDARD AIRWORTHINESS CERTIFICATE

1 NATIONALITY AND REGISTRATION MARKS N955TG	2 MANUFACTURER AND MODEL Bell Helicopter Textron Canada Ltd 407	3 AIRCRAFT SERIAL NUMBER 54379	4 CATEGORY Normal
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5 AUTHORITY AND BASIS FOR ISSUANCE: This airworthiness certificate is issued pursuant to the Federal Aviation Act of 1958 and certifies that, as of the date of issuance, the aircraft to which issued has been inspected and found to conform to the type certificate therefor, to be in condition for safe operation, and has been shown to meet the requirements of the applicable comprehensive and detailed airworthiness code as provided by Annex 8 to the Convention on International Civil Aviation, except as noted herein. Exceptions:

NONE

6 TERMS AND CONDITIONS: Unless sooner surrendered, suspended, revoked, or a termination date is otherwise established by the Administrator, this airworthiness certificate is effective as long as the maintenance, preventative maintenance, and alterations are performed in accordance with Parts 21, 43, and 91 of the Federal Aviation Regulations, as appropriate, and the aircraft is registered in the United States.

DATE OF ISSUANCE (R) Dec. 12, 2012	FAA REPRESENTATIVE <i>Jerry M. Keyser</i> Jerry M. Keyser	DESIGNATION NUMBER DART-830547-EA
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Any alteration, reproduction, or misuse of this certificate may be punishable by a fine not exceeding \$1,000 or imprisonment not exceeding 3 years or both. THIS CERTIFICATE MUST BE DISPLAYED IN THE AIRCRAFT IN ACCORDANCE WITH APPLICABLE FEDERAL AVIATION REGULATIONS.

FAA Form 8100-2 (3-08)



AEROMED

Medical Director Licenses:

AC# 111838117

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

Table with 3 columns: DATE, LICENSE NO., CONTROL NO.
03/08/2022, OS 13135, 89074

THE OSTEOPATHIC PHYSICIAN

NAMED BELOW HAS MET ALL REQUIREMENTS OF THE LAWS AND RULES OF THE STATE OF FLORIDA.

Expiration Date: MARCH 31, 2024

JULIANA LEFEBRE, DO
1 DAVIS BLVD.
SUITE 504
TAMPA, FL - 33606



Signature of Ron DeSantis

Ron DeSantis
GOVERNOR

Signature of Joseph A. Ladapo

Joseph A. Ladapo, MD, PhD
State Surgeon General

DISPLAY IF REQUIRED BY LAW

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Table with 3 columns: DEA REGISTRATION NUMBER, THIS REGISTRATION EXPIRES, FEE PAID
FL5807435, 03-31-2025, \$888

Table with 3 columns: SCHEDULES, BUSINESS ACTIVITY, ISSUE DATE
2,2N,3, 3N,4,5, PRACTITIONER, 03-06-2022

LEFEBRE, JULIANA, (DO)
1 DAVIS BLVD STE 504
TAMPA, FL 336063403

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

Form DEA-223 (9/2016)

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.



A E R O M E D

FCC License:



Federal Communications Commission
Wireless Telecommunications Bureau

RADIO STATION AUTHORIZATION

LICENSEE: HILLSBOROUGH COUNTY HOSPITAL AUTHORITY

ATTN: BRIAN TURNER
HILLSBOROUGH COUNTY HOSPITAL AUTHORITY
1 TAMPA GENERAL CIRCLE
PO BOX 1289
TAMPA, FL 33601

Call Sign WQJU274	File Number 0008547102	
Radio Service AF - Aeronautical and Fixed		
Station Class FA		
Coast Id	Sel Call	Aviation Id

FCC Registration Number (FRN): 0006164119

Grant Date 04-24-2019	Effective Date 04-24-2019	Expiration Date 01-05-2029	Print Date 04-25-2019
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STATION TECHNICAL SPECIFICATIONS

Fixed Location Address or Mobile Area of Operation:

Loc 1 Address: TAMPA GENERAL HOSPITAL HELIPORT
City: Tampa County: HILLSBOROUGH State: FL
Lat (NAD83): 27-56-17.3 N Long (NAD83): 082-27-32.9 W ASR No.: 1250459 Ground Elev: 1.0
No. of units:

Antennas

Loc No.	Ant No.	Frequencies (MHz)	Emission Designator	Output Power (watts)	Hours of Operation	Ant. Ht./Tp meters	Construct Deadline Date
1	1	000122.82500000	6K00A3E	10,000		38.0	

Control Points

Associated Call Signs

Waivers/Conditions:

Request for waiver of Section 1.949 granted on 04/24/2019. In future, licensee must comply with the Commission's procedures for license renewals. See Public Notice, DA 03-1974 (rel. June 16, 2003).

Conditions:

Pursuant to §309(h) of the Communications Act of 1934, as amended, 47 U.S.C. §309(h), this license is subject to the following conditions: This license shall not vest in the licensee any right to operate the station nor any right in the use of the frequencies designated in the license beyond the term thereof nor in any other manner than authorized herein. Neither the license nor the right granted thereunder shall be assigned or otherwise transferred in violation of the Communications Act of 1934, as amended. See 47 U.S.C. § 310(d). This license is subject in terms to the right of use or control conferred by §706 of the Communications Act of 1934, as amended. See 47 U.S.C. §606.