



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

ADVANCED LIFE SUPPORT SERVICE LICENSE

This is to certify that: MEDFLEET, LLC Provider Number # 10020
Name of Provider

12200 US 19 NORTH HUDSON, FL 34667
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:

CITRUS, HERNANDO, PASCO, POLK
County (s)

A handwritten signature in black ink, appearing to read "M. Hall".

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

THIS CERTIFICATE EXPIRES ON: 01/06/2026

This certificate shall be posted in the above mentioned establishment

**EMERGENCY MEDICAL SERVICES
CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY**

WHEREAS, PatientCare EMS Solutions d/b/a MedFleet, LLC, has requested authorization to provide Advanced Life Support (ALS) and Basic Life Support (BLS) ground ambulance transport services to the citizens of Hernando County; and

WHEREAS, there has been a demonstrated need to provide these essential services to the citizens of Hernando County; and

WHEREAS, the above-named service affirms that it will maintain compliance with the requirements of the Emergency Medical Services Act (Chapter 401, Florida Statutes); Rules (Chapter 64J-1 Florida Administrative Code); and the Hernando County Code of Ordinances.

THEREFORE, the Board of County Commissioners of Hernando County, Florida, hereby issues a Certificate of Public Convenience and Necessity to **PatientCare EMS Solutions d/b/a MedFleet, LLC**, to provide ALS/BLS ground ambulance transport services countywide.

In issuing this certificate, the governing body of Hernando County, Florida, has considered recommendations of affected municipalities.

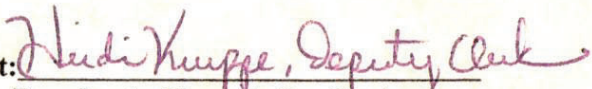
PARAMETERS

The Advanced Life Support (ALS) ambulance COPCN shall be limited as follows:

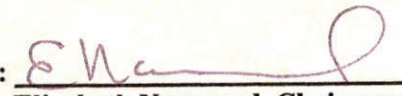
1. Consistent with Hernando County Common Medical and Trauma Protocols, Hernando County Fire & Emergency Services (HCFES) shall retain the first opportunity to perform ALS ambulance transports determined to be "Red" originating at hospitals located within Hernando County, unless they are unable to respond to the request in a reasonable timeframe, which is one (1) hour from the time the call is received until the unit's arrival at the pickup location, or that their resources should be utilized responding to pre-hospital medical emergency call requests, in which case it will authorize PatientCare EMS Solutions d/b/a MedFleet, LLC, to perform these transports.
2. HCFES shall authorize PatientCare EMS Solutions d/b/a MedFleet, LLC, to take all "Yellow" and "Green" interfacility transports originating from hospitals located within Hernando County.
3. HCFES may request PatientCare EMS Solutions d/b/a MedFleet, LLC to provide backup Emergency Medical Services to HCFES to the fullest extent of its operational ability. This service shall be provided at no cost to HCFES.
4. The Basic Life Support (BLS) ambulance COPCN is unrestricted for interfacility transports.

**BOARD OF COUNTY COMMISSIONERS
HERNANDO COUNTY, FLORIDA**

Attest:


Douglas A. Chorvat, Jr., Clerk

Chairman:


Elizabeth Narverud, Chairman

DATE ISSUED: January 23, 2024

DATE OF EXPIRATION: January 23, 2026
(Unless sooner revoked or suspended)

Approved as to form and legal sufficiency:


County Attorney's Office