

**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.

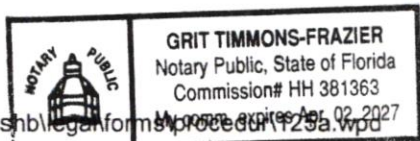
Number	See supplementals
Number	
Number	
Number	
Number	

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

By: Aurelia Miller By: \_\_\_\_\_  
 Printed name Aurelia Miller Printed name \_\_\_\_\_

STATE OF FLORIDA  
 COUNTY OF Pasco

Sworn to and subscribed before me this 20th day of March, by Aurelia Miller who is personally known to me or has produced FCA as identification.



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

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**AEROMED**

# **HERNANDO COUNTY COPCN APPLICATION**

**March 2026**





## AEROMED

**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) Melissa Golombek, Executive Vice President, COO
    - (3) Michele Moran, Senior 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) Aurelia "Auri" Miller, Program Director
      - (a) Phone Number Office (813) 844-7172
      - (b) Phone Number Cell (812)606-0815
      - (c) Email: aureliamiller@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



## AEROMED

***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 program is a highly qualified and experienced hospital-based, traditional model air transport program that has been in service since 1989. Aeromed safely transports patients from the scene of an accident/event as well as providing expert care for complex, inter-facility transports. Aeromed completed 1,887 patient transports in FY 2024 and 1,809 patient transports in FY 2025. Aeromed successfully obtained Commission on Accreditation of Medical Transport Systems (CAMTS) Accreditation in April 2013, reaccreditation in 4/2016, 4/2019, 4/2022, and 4/2025 demonstrating program, hospital, and aviation vendor commitment to meeting the highest air medical industry standards. Aeromed 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 medical crews complete comprehensive initial and continuing education requirements annually to include advanced certification in accordance with CAMTS accreditation standards. Aeromed maintains a continuous quality review/performance improvement process to include voluntary submission of quality data to the GAMUT registry. Aeromed 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 program prides itself on value-based care maintaining reasonable air transport rates with ethical billing practices with no balanced billing of patients to date.



## AEROMED

### ***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 completed over 4,200 patient transports in FY 2025, supporting our Brandon Healthplex and Kennedy Emergency Center facilities, as well as our TGH North and partnered hospitals, with two ground ambulances. 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.**

<b>Base</b>	<b>Address</b>	<b>Base phone #</b>	<b>Chief Flight Nurse (CFN) Name and Cell #</b>
Aeromed 1	Tampa General Hospital 1 Tampa General Circle Tampa, 33606	813-844-7810	Brian Blanchard 207-651-8923
Aeromed 2	Sebring Regional Airport 128 Authority Lane Sebring, 33870	863-655-6030	John Bitner 813-352-5456
Aeromed 4	Winter Haven Regional Airport 3000 21 <sup>st</sup> St NW Hangar #10 Winter Haven, 33881	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 Corporate Center 606 W. Kennedy Blvd Tampa, 33606	813-844-7172	Aurelia "Auri" Miller Program Director 812-606-0815



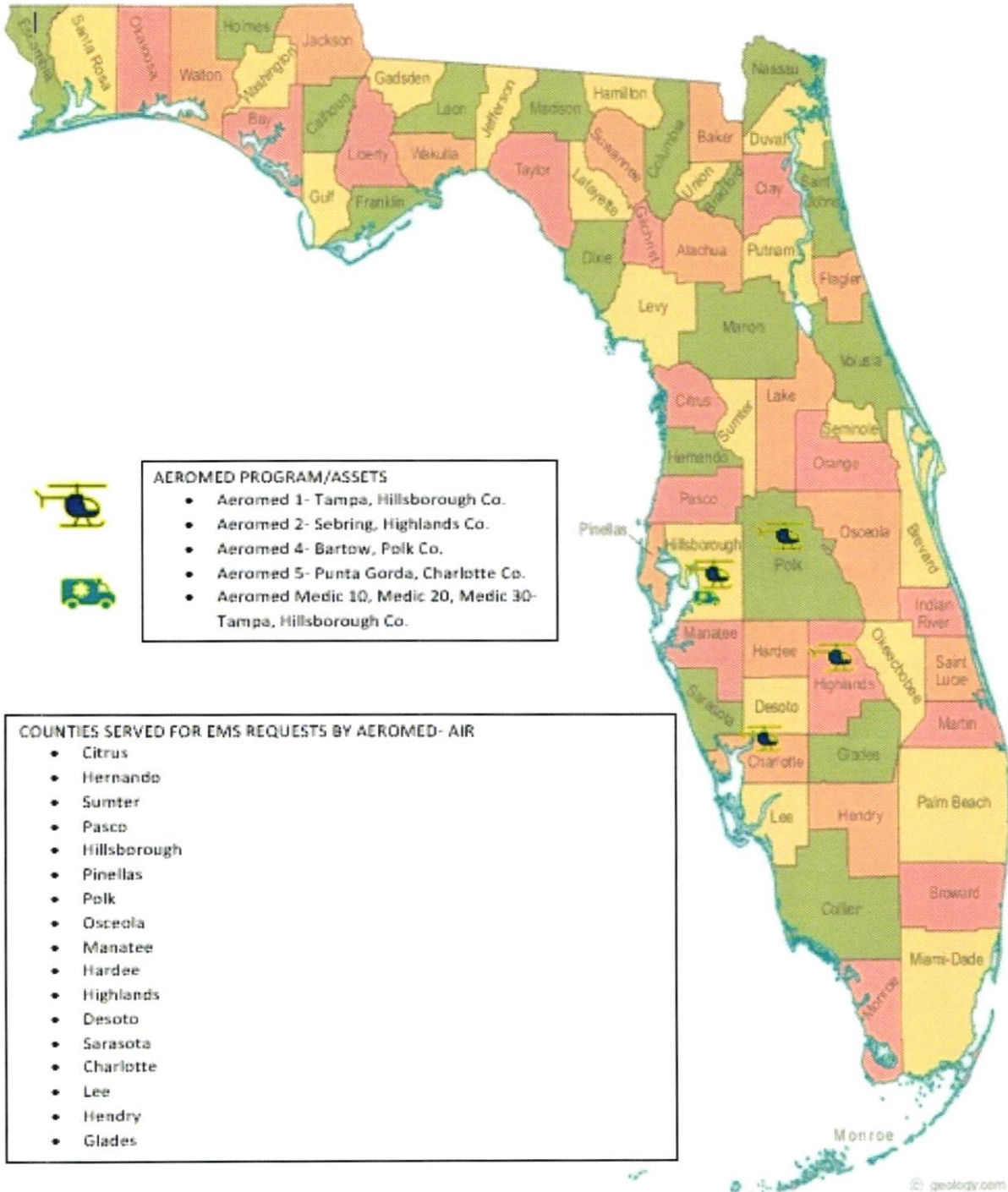
## AEROMED

***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 a dedicated program back up aircraft 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. In May 2024, Aeromed- Ground was awarded a Certificate of Public Convenience and Necessity to support the new Tampa General Hospital- Brooksville and Tampa General Hospital- Spring Hill hospitals, resulting in the completion of 44 transports either from or to these facilities.

## AEROMED





**AEROMED**

**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 aircraft for the program. Aeromed utilizes a Bell 407 GX aircraft as a dedicated backup 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
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
Eurocopter	Aeromed 4/ Winter Haven	EC135 P2	2008	2129	N941TG	0667	blue/yellow
Eurocopter	Aeromed 5/ Punta Gorda	EC135 P2+	2017	2130	N951TG	0942	blue/yellow
Bell Helicopter	Program Spare	407 GX	2012	1747	N955TG	54379	blue/yellow

The Aeromed- Ground program operates 3 ambulances 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	1HTMNMMLXHH47526	73"/96"/170"	blue/yellow



## AEROMED

***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 3 ambulances based out of Hillsborough County. Current operations provide service 24 hours per day, 7 days per week, with a dedicated backup ambulance. Each ambulance is staffed with a highly experienced ALS/SCT trained crew comprised of either two Paramedics or a Paramedic and Nurse/Paramedic configuration.

The Aeromed Communications Center is located at Tampa General Hospital and is staffed with two to three 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.



## AEROMED

***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



## AEROMED

***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: \$22,571.00

Loaded statute mileage rate: \$227.00

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/ Digitech to bill patient insurance carriers for air transport services.



## AEROMED

***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.



## AEROMED

### ***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 Nurse/Paramedics are required to have a minimum of 2 years Critical Care and/or Emergency experience. Ground Nurse/Paramedics are required to have a Florida RN license and Florida Paramedic certificate. Aeromed Ground Paramedics are required to have a Florida Paramedic certification with a minimum of 2 years of ALS experience. Ground Nurse/Paramedics and 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.



## AEROMED

### **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.

### **CAMTS Accreditation:**

Aeromed- Air was awarded CAMTS accreditation in April 2013 with full reaccreditation in April 2016, April 2019, April 2022, and April 2025 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
<b>Operating Revenues</b>		
Net Patient Service Revenue	2,198,201	2,264,147
Other Operating Revenue	286,282	273,670
<b>Total Operating Revenue</b>	<b>2,484,483</b>	<b>2,537,817</b>
<b>Operating Expenses</b>		
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
<b>Total Operating Expenses</b>	<b>2,400,308</b>	<b>2,450,576</b>
<b>Operating Income</b>	<b>84,175</b>	<b>87,242</b>
Investment Returns	38,430	38,430
Donations, Income Tax, and Other	670	2,050
<b>Net Income</b>	<b>123,275</b>	<b>127,722</b>

FLORIDA HEALTH SCIENCES CENTER, INC.			
FINANCIAL INFORMATION			
Operating Revenues (in millions)			
<i>Per Audit for respective years and MD&amp;A for bonds</i>			
	2022	2023	2024
Total Operating Revenues	\$2,150.5	\$2,618.8	\$3,424.5
Operating Margin % of Total Operating Revenues	2%	3.6%	3.4%
Community Benefits / Unreimbursed Costs (in millions)			
<i>Per Form 990 - Most recent years available</i>			
	2022	2023	
Financial assistance at cost (Charity Care)	\$51.2	\$51.0	
Unreimbursed Medicaid Patient Care Costs	\$140.2	\$184.1	
Unreimbursed Means-Tested Government Program Care Costs	\$22.3	\$23.9	
Community benefit programs and services	\$26.6	\$42.8	
<b>Total Community Benefits</b>	<b>\$240.3</b>	<b>\$301.8</b>	
Unreimbursed Medicare Patient Care Costs	\$23.9	\$40.6	
<b>TOTAL (Community Benefits and Unreimbursed Medicare Patient Care Costs)</b>	<b>\$264.2</b>	<b>\$342.4</b>	



## A E R O M E D

**Personnel roster: Air**

Last Name	First Name	Hire Date	RN License	Paramedic Cert
Adkins	Keland	04/13/2015	RN9526801	PMD522290
Angell	Todd	01/21/2024		PMD532800
Bitner	John	05/01/2010	RN306385	PMD523569
Blanchard	Brian	03/04/2019	RN9414343	PMD538013
Buell	Caitlyn	01/04/2016	RN9427043	PMD532340
Burnett	Alisha	11/19/2012	RN9351712	PMD528672
Burnett	Matthew	11/19/2012	RN9350430	PMD524831
Charczenko	Rebecca	01/24/2022		PMD536834
Cheek	Justin	06/02/2024		PMD530234
Connell	Noah	05/04/2009		PMD504208
Curren	Kelly	08/18/2008		PMD200304
Delinski	Daniel	06/02/2025	RN9681272	PMD547933
Denicourt	Adam	02/17/2020		PMD522566
Diaz	Megan	05/01/2023	RN9334011	PMD538737
Freas	Robert	12/01/2008	RN9271962	PMD514738
Gardner	Nathan	01/20/2025		PMD534994
Giannetti	Lorenzo	05/29/2022	RN9303584	PMD523672
Gonzalez	Micheal	08/19/2024		PMD529272
Hamilton	Tricia	12/08/2014	RN9363182	PMD528209
Hess	Sarah	08/01/2006	RN9233298	PMD518659
Holt	James	02/11/2002	RN3234652	PMD 17802
Hughes	Chadd	10/21/2002	RN9188741	PMD514896
Huston	James	01/20/2020		PMD535304
Keffeler	Jotham	07/08/2002	RN9188997	PMD511240
Kresge	Daniel	05/10/1992	RN2835822	PMD 19693



### AEROMED

Lindner	Matthew	12/10/2023		PMD533537
Maslonka	Justin	05/14/2018		PMD523574
McNally	Kyle	03/16/2015		PMD522253
Miller	Aurelia	08/15/2016	RN9235532	PMD517437
Miller	Kyle	01/19/2015		PMD515588
Miller	Scott	06/06/1994	RN2903102	PMD01060
Nelson	Charles	04/19/1999		PMD13652
Pearson	Richard	03/05/2007	RN9213405	PMD531844
Peterson	Jessica	11/15/2023	RN9433404	PMD524722
Rader	Mariya	02/27/2017	RN9449997	PMD534683
Recinella	Kim	06/05/2023	RN9411257	PMD539840
Richardson	Donald	06/04/2001	RN2793692	PMD17762
Sanderson	Tracy	03/14/2001	RN9175288	PMD205819
Stevenson	Wendi	11/03/2014	RN9363653	PMD527618
Sukovich	Cory	08/07/2023		PMD527185
Tavakoli	Renee	07/25/2011	RN9293069	PMD531529
Turgeon	Cedric	08/18/2008		PMD201623
Vazquez	Luis	05/06/2024		PMD533270
Velar	Thomas	10/25/2021		PMD512198
Wood	Amanda	04/14/2025	RN9481048	PMD544555
Wright	Luke	01/21/2024		PMD526864



## A E R O M E D

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

Last Name	First Name	Hire Date	RN License	Paramedic Cert
Bekele	Samuel	11/2023		PMD528050
Castellanos	Dorial	12/2024		PMD541085
Dicesare	Joshua	12/2023		PMD532152
Graham	Taylor	03/2025		PMD546173
Grubbs	Ben	04/2025	RN9596889	PMD522148
Maldonado	Victor	06/2024		PMD17034
Maple	Joshua	03/2024		PMD534833
Piazza	Claire	03/2026	RN9649709	PMD546284
Ragnauth	Anthony	07/2025	RN9270350	PMD539216
Relats	Michael	04/2025	RN9395037	PMD529817
Simpkins	Landon	01/2025		PMD536619
Thompson	Niki	07/2025	RN9390025	PMD548164
Velez	Jose	08/2024		PMD511074
Wheat	Edward	01/2025		PMD528504



**AEROMED**

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. DBA  
TAMPA GENERAL HOSPITAL, AEROMED Provider Number # 2905  
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:

COPCNs: Charlotte, Citrus, Hernando, Highlands, Hillsborough, Manatee, Okeechobee, Pasco, Pinellas, Polk  
Mutual Aids: Desoto, Glades, Hardee and Sarasota  
County(s)

Ty Carhart, EMS Section Administrator  
Bureau of Emergency Medical Oversight  
Florida Department of Health

**THIS CERTIFICATE EXPIRES ON: 01/17/2028**

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, FL 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:

CITRUS, HERNANDO, HILLSBOROUGH  
County (s)

Ty Carhart, EMS Section Administrator  
Bureau of Emergency Medical Oversight  
Florida Department of Health

**THIS CERTIFICATE EXPIRES ON: 05/23/2027**

This certificate shall be posted in the above mentioned establishment



## AEROMED

CAMTS Certificate:

The Board of Directors of



**camts**  
Commission on Accreditation of Medical Transport Systems

hereby awards accreditation to

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# Tampa General Hospital Aeromed

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From April 8, 2025 to April 8, 2028

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

<u>Modes of Transport</u>	<u>Patient Types (Care and Transport)</u>	<u>Patient Types (Transport Only)</u>	<u>Levels of Service</u>
<input type="checkbox"/> Fixed Wing	<input checked="" type="checkbox"/> Adult	<input type="checkbox"/> Adult	<input checked="" type="checkbox"/> Critical Care
<input checked="" type="checkbox"/> Rotorwing	<input checked="" type="checkbox"/> PICU	<input type="checkbox"/> PICU	<input checked="" type="checkbox"/> Specialty Care
<input type="checkbox"/> Surface Critical Care	<input checked="" type="checkbox"/> IABP	<input type="checkbox"/> IABP	<input type="checkbox"/> Special Operations
<input type="checkbox"/> Ground ALS	<input checked="" type="checkbox"/> Perinatal	<input type="checkbox"/> Perinatal	<input type="checkbox"/> ALS (Air)
<input type="checkbox"/> Ground BLS	<input checked="" type="checkbox"/> Neonatal	<input type="checkbox"/> Neonatal	<input type="checkbox"/> ALS (Ground)
<input type="checkbox"/> Medical Escort	<input checked="" type="checkbox"/> ECMO	<input type="checkbox"/> ECMO	<input type="checkbox"/> BLS (Ground)
	<input checked="" type="checkbox"/> Inhaled Nitric Oxide (INO)	<input type="checkbox"/> Inhaled Nitric Oxide (INO)	

**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"> <li><i>Aerospace Medical Association</i></li> <li><i>Air Medical Operators Association</i></li> <li><i>Air Medical Physicians Association</i></li> <li><i>Air &amp; Surface Transport Nurses Association</i></li> <li><i>American Academy of Pediatrics</i></li> <li><i>American Association of Critical Care Nurses</i></li> <li><i>American Association of Respiratory Care</i></li> <li><i>American College of Emergency Physicians</i></li> <li><i>American College of Surgeons</i></li> <li><i>Association of Air Medical Services</i></li> <li><i>Association of Critical Care Transport</i></li> </ul>	<ul style="list-style-type: none"> <li><i>Emergency Nurses Association</i></li> <li><i>International Association of Medical Transport Communications Specialists</i></li> <li><i>International College of Advance Practice Paramedics</i></li> <li><i>National Air Transportation Association</i></li> <li><i>National Association of EMS Physicians</i></li> <li><i>National Association of Neonatal Nurses</i></li> <li><i>National Association of State EMS Officials</i></li> <li><i>National EMS Pilots Association</i></li> <li><i>United States Transportation Command Liaison</i></li> </ul>
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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, surface transport systems, and mobile integrated health.


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Chair


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Secretary


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Executive Director



**AEROMED**

Insurance:

<b>ACORD</b>		<b>CERTIFICATE OF LIABILITY INSURANCE</b>		DATE (MM/DD/YYYY) 02/20/2026		
<p>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.</p> <p>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).</p>						
<b>PRODUCER</b> MARSH USA LLC 1960 Sawgrass Corporate Pkwy, Suite 300 Sunrise, FL 33323		<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL: ADDRESS:		<b>INSURER(S) AFFORDING COVERAGE</b> NAIC #		
CN10309061-A-GA-25-26 <b>INSURED</b> Florida Health Sciences, Inc. c/o Tampa General Hospital PO BOX 1289 Tampa, FL 33601		INSURER A : N/A INSURER B : American Guarantee & Liability Ins Co INSURER C : INSURER D : INSURER E : INSURER F :		N/A 26247		
<b>COVERAGES</b>		<b>CERTIFICATE NUMBER:</b> ATL-205660913-05		<b>REVISION NUMBER:</b> 5		
<p>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.</p>						
INS LTR	TYPE OF INSURANCE	ADOLTSUB (IND) (W/C)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPROP AGG \$ \$
B	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY		GLA 2681161 - 19	06/01/2025	06/01/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
<b>DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES</b> (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Hernando County Board of County Commissioners are included as additional insured where required by written contract.						
<b>CERTIFICATE HOLDER</b>				<b>CANCELLATION</b>		
Hernando County Board of County Commissioners 15470 Flight Path Dr. Brooksville, FL 34604				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  <i>Marsh USA LLC</i>		
ACORD 25 (2016/03)		© 1988-2016 ACORD CORPORATION. All rights reserved.				



## AEROMED



### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
02/19/2026

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).

<b>PRODUCER</b>  Marsh Management Services Cayman, Ltd. 23 Lime Tree Bay Ave., Building 4, 2 Fl P.O. Box 1051 GT Grand Cayman, KY1-1102 Cayman Islands	<b>CONTACT NAME:</b> Andrea Jones <b>PHONE (A/C, No, Ext):</b> _____ <b>FAX (A/C, No):</b> _____ <b>E-MAIL ADDRESS:</b> Andrea.Jones@elliant.com <b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: FLORIDA HEALTH SCIENCES CENTER, LTD. INSURER B: _____ INSURER C: _____ INSURER D: _____ INSURER E: _____ INSURER F: _____
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**COVERAGES**                      **CERTIFICATE NUMBER:** \_\_\_\_\_                      **REVISION NUMBER:** \_\_\_\_\_

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.

INSR LTR	TYPE OF INSURANCE	ADDITIONAL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>COMMERCIAL GENERAL LIABILITY</b> <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: _____			FHSSIR202526-16	06/01/2025	06/01/2026	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS-COMP/OP AGG \$3,000,000 \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			PER STATUTE    OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	<b>MEDICAL PROFESSIONAL LIABILITY- CLAIMS MADE</b>			FHSSIR202526-16	06/01/2025	06/01/2026	PER LOSS EVENT \$1,000,000 ANNUAL AGGREGATE \$3,000,000

**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 included as additional insured with regard to the general liability policy.  
 (SUBJECT TO ANY APPLICABLE RETENTIONS AND/OR DEDUCTIBLES).

<b>CERTIFICATE HOLDER</b>  Hernando County Board of County Commissioners 15470 Flight Path Dr. Brooksville, FL 34604	<b>CANCELLATION</b>  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 <i>Marsh Management Services Cayman, Ltd</i>
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**AEROMED**

**STARR**

INSURANCE COMPANIES  
 3354 Peachtree Road NE, Suite 1000  
 Atlanta, GA 30326

**Certificate of Insurance**

**Certificate Holder:** FLORIDA HEALTH SCIENCES CENTER INC., D/B/A TAMPA GENERAL HOSPITAL  
 1 TAMPA GENERAL HOSPITAL  
 TAMPA, FL 33601

**Named Insured:** METRO AVIATION, INC.  
 P.O. BOX 7008  
 SHREVEPORT, LA 71137

**Policy Period:** From: SEPTEMBER 1, 2025 To: SEPTEMBER 1, 2026

**Policy Number:** SASICOM60005725-16

**Issuing Company:** STARR INDEMNITY & LIABILITY COMPANY (30% LINE SHARE)  
 AND FOLLOWING MARKETS AS HELD ON FILE

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).

Year	Aircraft: Make and Model	Reg No.	Insured Value	Deductibles NIM / IM	Liability Limit
	ANY SCHEDULED AIRCRAFT OPERATED BY THE NAMED INSURED			AS ENDORSED	\$100,000,000 CSL INCL PAX

STARR INDEMNITY & LIABILITY COMPANY HAS A 30% LINE SHARE OUT OF 100% FOR THIS PLACEMENT. THE REMAINING PERCENTAGE IS PLACED ELSEWHERE AND NOT EVIDENCED HEREIN. THIS INSURANCE PLACEMENT IS ON A SUBSCRIPTION/GUOTA SHARE BASIS INCLUDING MULTIPLE INSURERS. STARR INDEMNITY & LIABILITY COMPANY'S OBLIGATION UNDER THE REFERENCED INSURANCE POLICY IS SEVERAL AND NOT JOINT MEANING THAT STARR INDEMNITY & LIABILITY COMPANY IS SOLELY RESPONSIBLE FOR THE LINE SHARE LISTED ABOVE AND IS NOT RESPONSIBLE FOR THE REMAINING PERCENTAGE OF THE PLACEMENT INSURED ELSEWHERE.

LOCATIONS: TAMPA GENERAL HOSPITAL, TAMPA GENERAL HOSPITAL BROOKSVILLE, TAMPA GENERAL HOSPITAL SPRING HILL, TAMPA GENERAL HOSPITAL CRYSTAL RIVER, AND TGH BRANDON HEALTHPLEX.

THE CERTIFICATE HOLDER(S) AND ITS AFFILIATES AND SUBSIDIARIES IS/ARE INCLUDED AS AN ADDITIONAL INSURED BUT ONLY AS RESPECTS OPERATIONS OF THE NAMED INSURED.

A WAIVER OF SUBROGATION AS RESPECTS PHYSICAL DAMAGE COVERAGE IS PROVIDED.

THE INSURANCE EVIDENCED BY THIS CERTIFICATE SHALL NOT APPLY TO, AND NO PERSON OR ORGANIZATION TO WHICH COVERAGE IS EVIDENCED IN THE CERTIFICATE SHALL BE INSURED FOR BODILY INJURY OR PROPERTY DAMAGE WHICH ARISES FROM THE DESIGN, MANUFACTURE, MODIFICATION, REPAIR, SALE, OR SERVICING OF AIRCRAFT BY THAT PERSON OR ORGANIZATION.

**Certificate Number:** AV187  
**Issued By and Date:** AUGUST 15, 2025 (RH)

By   
 (Authorized Representative)

Starr 10200 (6/06)



**AEROMED**

**LOOKING GLASS**

INSURANCE SERVICES, LLC  
 12555 High Bluff Dr, Ste 388  
 San Diego, CA 92130  
 (858) 321-3636

**Policy Schedule**

Named Insured: METRO AVIATION, INC.  
 Policy Period: From: SEPTEMBER 1, 2025 To: SEPTEMBER 1, 2026  
 Insurance Coverage(s): AIRCRAFT HULL & LIABILITY

**SCHEDULE OF INSURERS**

INSURERS	POLICY NUMBER(S)
Star Indemnity & Liability Company	SASICOM60005725-16
Air Centurion on behalf of SiriusPoint America Insurance Company	ACQG-SP-00080-10
National Union Fire Insurance Company of Pittsburgh, PA through AIG Aerospace Insurance Services, Inc.	FG 013468509-06
Allianz Global Risks US Insurance Company	A1GA001385725AM
Great American Insurance Company	GS E426958-07
XL Specialty Insurance Company	UA00017490AV25A
Continental Indemnity Company through Applied Underwriters Insurance Services	BAVGFHNLA011500_131001_03
Endurance American Insurance Company through W Brown & Associates	NQC6068084

**SEVERAL LIABILITY NOTICE**

The subscribing insurers' obligations under contracts of insurance to which they subscribe are several and not joint and is limited solely to the extent of their individual subscriptions. The subscribing insurers are not responsible for the subscription of any co-subscribing insurer who for any reason does not satisfy all or part of its obligations. LSW 1001 (Insurance)



**AEROMED**

**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-ESDO-03  
(Region/Office)

Certificate number: HDNA610E

Effective Date: August 13, 1985


Reissued: November 15, 2007

Issued at: ASW-ESDO-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 <b>N 914TG</b>	AIRCRAFT SERIAL NO. <b>7506</b>
MANUFACTURER AND MANUFACTURER'S DESIGNATION OF AIRCRAFT <b>EUROCOPTER DEUTSCHLAND GMBH MBB-BK 117 C-1</b>	
ICAO Aircraft Address Code: <b>53123467</b>	
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 <b>December 1, 2021</b>	EXPIRATION DATE <b>December 31, 2024</b>
ADMINISTRATOR 	
U.S. Department of Transportation Federal Aviation Administration	

U.S. Department of Transportation  
Federal Aviation Administration

Civil Aviation Registry  
P.O. Box 25504  
Oklahoma City, OK 73125-0504

Official Business  
Penalty for Private Use \$300

AC Form 8060-3 (10/2010) 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 <b>N911TG</b>	2 MANUFACTURER AND MODEL <b>AIRBUS HELICOPTERS INC.MBB-BK 117 C-2</b>	3 AIRCRAFT SERIAL NUMBER <b>9855</b>	4 CATEGORY <b>Transport</b>
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:  <b>NONE</b>			
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 <b>R- 20/Jul/2020</b>	FAA REPRESENTATIVE <b>//Signed by//Milton Kimmell Geltz 06:34 PM, May 19, 2021</b>		DESIGNATION NUMBER <b>294096223</b>
Any alteration, misuse, or reproduction of this certificate for a fraudulent purpose may be punishable by certificate revocation, fine, and / or imprisonment. <b>THIS CERTIFICATE MUST BE DISPLAYED IN THE AIRCRAFT PER THE APPLICABLE FEDERAL AVIATION REGULATIONS.</b>			
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 <b>N922TG</b>	2 MANUFACTURER AND MODEL <b>Bell Helicopter Textron Canada Ltd 407</b>	3 AIRCRAFT SERIAL NUMBER <b>54375</b>	4 CATEGORY <b>Normal</b>
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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 <b>(R) Nov. 28, 2012</b>	FAA REPRESENTATIVE <i>Jerry M. Keyser</i> <b>Jerry M. Keyser</b>	DESIGNATION NUMBER <b>DART-830547-EA</b>
--	--	---

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 (3-09)

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

1 NATIONALITY AND REGISTRATION MARKS <b>N933TG</b>	2 MANUFACTURER AND MODEL <b>Bell Helicopter Textron Canada Ltd 407</b>	3 AIRCRAFT SERIAL NUMBER <b>54376</b>	4 CATEGORY <b>Normal</b>
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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 <b>(R) Nov. 28, 2012</b>	FAA REPRESENTATIVE <i>Jerry M. Keyser</i> <b>Jerry M. Keyser</b>	DESIGNATION NUMBER <b>DART-830547-EA</b>
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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 (3-09)



**AEROMED**

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

1 NATIONALITY AND REGISTRATION MARKS <b>N944TG</b>	2 MANUFACTURER AND MODEL <b>Bell Helicopter Textron Canada Ltd 407</b>	3 AIRCRAFT SERIAL NUMBER <b>54377</b>	4 CATEGORY <b>Normal</b>
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<sup>5</sup> 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

<sup>6</sup> 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 <b>(R) Dec. 05, 2012</b>	FAA REPRESENTATIVE <i>Jerry M. Keyser</i> <b>Jerry M. Keyser</b>	DESIGNATION NUMBER <b>DART-830547-EA</b>
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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)

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

1 NATIONALITY AND REGISTRATION MARKS <b>N955TG</b>	2 MANUFACTURER AND MODEL <b>Bell Helicopter Textron Canada Ltd 407</b>	3 AIRCRAFT SERIAL NUMBER <b>54379</b>	4 CATEGORY <b>Normal</b>
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<sup>5</sup> 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

<sup>6</sup> 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 <b>(R) Dec. 12, 2012</b>	FAA REPRESENTATIVE <i>Jerry M. Keyser</i> <b>Jerry M. Keyser</b>	DESIGNATION NUMBER <b>DART-830547-EA</b>
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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:

STATE OF FLORIDA DEPARTMENT OF HEALTH DIVISION OF MEDICAL QUALITY ASSURANCE		
DATE	LICENSE NO.	CONTROL NO.
02/10/2026	OS 15248	119620

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

EXPIRATION DATE: **MARCH 31, 2028**

**STEPHANIE MICHELE TERSHAKOVEC**  
1 TAMPA GENERAL CIRCLE  
TAMPA, FL - 33606

*Ron DeSantis*  
Ron DeSantis  
GOVERNOR

*Joseph A. Ladapo*  
Joseph A. Ladapo, MD, PhD  
STATE SURGEON GENERAL

Scan QR Code for  
License Authentication

DISPLAY IF REQUIRED BY LAW

STATE OF FLORIDA DEPARTMENT OF HEALTH DIVISION OF MEDICAL QUALITY ASSURANCE	DATE 02/10/2026	LICENSE NO. OS 15248	CONTROL NO. 119620
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THE OSTEOPATHIC PHYSICIAN  
NAMED BELOW HAS MET ALL REQUIREMENTS OF  
THE LAWS AND RULES OF THE STATE OF FLORIDA.

**STEPHANIE MICHELE TERSHAKOVEC** Expiration Date: **MARCH 31, 2028**

LICENSEE SIGNATURE



## A E R O M E D

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE		
UNITED STATES DEPARTMENT OF JUSTICE DRUG ENFORCEMENT ADMINISTRATION WASHINGTON D.C. 20537		
DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BF5651662	09-30-2027	\$888
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3,3N,4,5	HOSPITAL/CLINIC	08-07-2024
FLORIDA HLTH SCIENCES CTR TAMPA GENERAL HSPTL, PHCY DPT 1 TAMPA GENERAL CIR TAMPA, FL 336063571		
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.		
THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.		

Form DEA-223 (8/2016)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BF5651662	09-30-2027	\$888
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3,3N,4,5	HOSPITAL/CLINIC	08-07-2024
FLORIDA HLTH SCIENCES CTR TAMPA GENERAL HSPTL, PHCY DPT 1 TAMPA GENERAL CIR TAMPA, FL 336063571		

CONTROLLED SUBSTANCE/REGULATED CHEMICAL REGISTRATION CERTIFICATE		
UNITED STATES DEPARTMENT OF JUSTICE DRUG ENFORCEMENT ADMINISTRATION WASHINGTON D.C. 20537		
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.		
THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.		

<b>REPORT</b>
<b>CHANGES</b>
<b>PROMPTLY</b>

Form DEA-223-511 (8/2016)

REQUESTING MODIFICATIONS TO YOUR REGISTRATION CERTIFICATE
To request a change to your registered name, address, the drug schedule or the drug codes you handle, please
1. visit our web site at <a href="http://deaiversion.usdoj.gov">deaiversion.usdoj.gov</a> - or 2. call our customer Service Center at 1-(800) 882-8535 - or 3. submit your change(s) in writing to:
<b>Drug Enforcement Administration</b> <b>P.O. Box 2639</b> <b>Springfield, VA 22162-2639</b>
See Title 21 Code of Federal Regulations, Section 1301.51 for complete instructions.



**AEROMED**

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): 0006164939

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.: 1230459 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	000122.8250000	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.