

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

110407

RECEIVED FROM MedFleet

FUND \_\_\_\_\_ DEPT 01201 ACCT NO. 3699120

COPCN Renewal Application \$ 1,000.00  
Paramedic Logistics Operating \$ \_\_\_\_\_  
Company, LLC dba MedFleet \$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

**TOTAL \$ 1,000.00**

*Mai J. Myers*

DATE 10/21 20 25

CASH

CHECK # 18991

Digital Bloodwork

SIGNATURE

**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:

PatientCare EMS Solutions d/b/a Medfleet, LLC

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Corporate Headquarters: 12200 US Highway 19, Hudson, Florida 34667

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Medfleet Headquarters: 12200 US Highway 19, Hudson, Florida 34667

Hernando Hub: 16235 Aviation Loop Drive, Brooksville, FL 346014

2. Name under which the applicant will operate MedFleet LLC

3. List names and addresses of all officers, directors, and shareholders of applicant:

Herman Schwarz, 100 Crescent Parkway, Suite 320, Tucker, Georgia 30084 - CEO

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Ron Schwartz, 2517 East Erwin Street, Tyler, Texas 75704 - President of Corporate Services

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Mike Dost, 100 Crescent Parkway, Suite 320, Tucker, Georgia 30084 - CFO

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Jeff Taylor, 12200 US Highway 19 N, Hudson, Florida 34667 - MedFleet, LLC

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4. Territory which the applicant desires to serve: Entire Hernando County

number of vehicles 31 <sup>2</sup> 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. \_\_\_\_\_

Attached List

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:  
Medfleet's Hernando Hub is located at 16235 Aviation Loop Drive, Brooksville, FL 34604. This office supports ambulance deployment, logistics and fleet support and supervisory needs of our service. Ambulances will generally not be dispatched from this office as they are strategically located in positions around the county to optimize response times. Medfleet shall operate all ALS/BLS ambulance countywide.

6. Training and experience of the applicant in the transportation and care of patients:  
All Medfleet EMT and Paramedics meet and exceed all State minimum standards. Medfleet has its own in house training department, that provides all the required continual education required by the Department of EMS.

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

a. Name:	Rick Fink	Robert Pereira	Steve Borth
b. Street:	4406 Plumosa Street	13031 Spring Hill Drive	13438 Monterey Street
d. City, St, Zip:	Spring Hill, FL 34607	Spring Hill, FL 34607	Spring Hill, FL 34607
e. Phone:	605-373-6344	352-525-6953	352-556-6610

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. (SEE ATTACHED)

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). WE CERTIFY.

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. (SEE ATTACHED)

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:

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. **NOT APPLICABLE**

Violation or Notice	Corrective Actions
NONE	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. **NOT APPLICABLE**

Number \_\_\_\_\_  
Number \_\_\_\_\_  
Number \_\_\_\_\_  
Number \_\_\_\_\_  
Number \_\_\_\_\_

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

By: Jeff Taylor

Printed name **JEFF TAYLOR**

By: Brian Haff

Printed name **BRIAN HAFF**

**STATE OF FLORIDA  
COUNTY OF HERNANDO**

Sworn to and subscribed before me this 20<sup>th</sup> day of October ), by JEFF TAYLOR who is personally known to me or has produced personally Known as identification.

Louise I. Meserve  
(Signature of Notary Public - State of Florida)

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