

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

The name and address of the applicant; the business name of the partnership and name and address of each partner if the applicant is a partnership; the names and addresses of all officers, directors, and stockholders of the applicant if the applicant is a corporation and a statement that the corporation is in good standing in the State of Florida.

Kathy Wallace, 5995 Philips Highway Jacksonville, FL 32216 is President and is 100% stockholder.

James Tullis, 1325 San Marco Blvd Jacksonville, FL 32207 is Secretary/Treasurer.

Ambulance Service, Inc. is a Florida Corporation.

Please see attached letter.

The service area which the applicant desires to serve.

All areas of Clay County.

The location and description of the place or places from which the applicant will operate.

1121 Kingsley Avenue. A single office building where ASI is the only tenant.

Copy of applicant's State of Florida EMS License.

Please see attached license.

The names and addresses of at least three (3) local references.

**Logisticare 8160 Baymeadows Way W #200, Jacksonville, Florida – Kellie White
Regional Manager**

Kindred Hospital – 803 Lime St., Green Cove Springs, Florida

Clay County Council On Aging – 601 Walnut St., Green Cove Springs, Florida

The need for the proposed service in the requested service area.

Operating under a two tier system ASI will respond with or back up CCFR at their request. ASI also transports inter facility patients.

A description of the applicant's communication system, including its assigned frequency, call number, mobiles, portables, range and hospital communications ability.

ASI radio communications operate through a UHF trunking system in Jacksonville. This site provides radio coverage throughout Clay, Duval, Baker, Nassau and St Johns Counties. All ambulances are equipped with two (2) radios. All radios have the same communication capabilities. The radios provide voice communications to the dispatcher, local hospitals med channels and the Statewide Med 8 System. ASI dispatch is equipped with a main and standby radio. ASI dispatch is equipped with a generator when loss of power occurs.

The names of municipalities and description of the geographical area that the application that the applicant has previously been authorized to serve within the County as well as all other counties and municipalities within Florida or any area outside the State of Florida.

Clay County, Duval County, St Johns County. COCPN's include entire counties.

An agreement by the applicant to file, in the event that the application shall be granted and prior to its effective date, copies of policies of public liability. Property damage and malpractice insurance as required by Chapter 64E-2, Florida Administrative Code and this Chapter, naming the Board as an additional name insured.

Please see certificate of insurance.

A copy of the applicant's EMS standard operating procedures which shall include all general and / or specific instructions to personnel as to the exact nature of the duties when applicable, and under what conditions.



Please find copy of SOP on disc.

An agreement that should a temporary situation arise which poses a serious or imminent threat to the public health, safety, welfare, or public need and convenience the applicant shall offer assistance and abide by the orders of the Fire Chief.

Please see Mutual Aid Agreement attached.

A sworn statement signed by the applicant stating that all the information provided by the applicant in the application is true and correct.

Please see sworn statement attached.

If the applicant or any officer, principal or owner thereof has been convicted of a felony, information regarding nature and seriousness of the offense and the circumstances under which the felony occurred.



Applicant, officers, principal owner has not been convicted of a felony.

Proof that the applicant possesses all required Federal and/or State of Florida licenses and permits.

Please see licenses and permits attached.



CORPORATION STATEMENT

CORPORATION STATEMENT

As 100% stockholder and Chief Executive Officer of Ambulance Service, Inc. I solemnly swear that the Company is and always has been in good standing in the State of Florida.

STATE OF FLORIDA

CLAY COUNTY

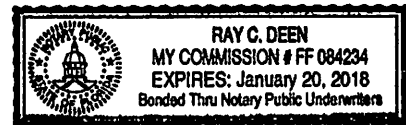
BEFORE ME, the undersigned authority, personally appeared or provided a valid driver's license, which after being duly sworn, deposes and says that the information he/she provided is true.

x Kathy Wallace
Kathy Wallace - President

SWORN AND SUBSCRIBED before me this 01st day of November 2016.

Notary Public: Ray C. Deen

My Commission Expires: 01-20-2018 (SEAL)



STATE OF FLORIDA EMS LICENSE

STATE OF



FLORIDA

3910

**DEPARTMENT OF HEALTH
BUREAU OF EMERGENCY MEDICAL OVERSIGHT
ADVANCED LIFE SUPPORT LICENSE**

This is to certify that AMBULANCE SERVICE, INC.
Name of Provider

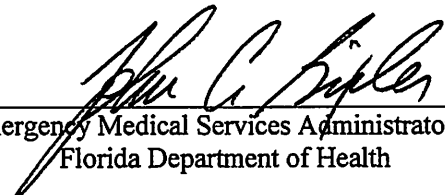
5995 PHILLIPS HIGHWAY, JACKSONVILLE, FL 32216
Address

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 for the County(ies) listed below:

☒ **TRANSPORT**

☐ **NON-TRANSPORT**

CLAY, DUVAL, ST. JOHNS
County(ies)



Emergency Medical Services Administrator
Florida Department of Health

Date: 03/27/2015 Expires: 04/21/2017

CERTIFICATE OF LIABILITY INSURANCE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/31/2016

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 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).

| PRODUCER James F Tullis & Associates 1645 San Marco Blvd. James F. Tullis - A269137 Jacksonville FL 32207-3079 | CONTACT NAME: Sammie Best PHONE (A/C No. Ext): (904) 396-2041 FAX (A/C No.): (904) 396-2874 E-MAIL ADDRESS: Sammie@tullisinsurance.com | | | | | | | | | | | | | | |
|---|--|-------------------------------|--------|--------------------------|--|------------|--|------------|--|------------|--|------------|--|------------|--|
| INSURED Ambulance Service, Inc. 5995 Phillips Hwy Jacksonville FL 32216 | <table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A: Markel Ins Co</td><td></td></tr><tr><td>INSURER B:</td><td></td></tr><tr><td>INSURER C:</td><td></td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></tbody></table> | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A: Markel Ins Co | | INSURER B: | | INSURER C: | | INSURER D: | | INSURER E: | | INSURER F: | |
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| INSURER D: | | | | | | | | | | | | | | | |
| INSURER E: | | | | | | | | | | | | | | | |
| INSURER F: | | | | | | | | | | | | | | | |

COVERAGES

CERTIFICATE NUMBER:15/16#1

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 | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---|-----------|----------|---------------|-------------------------|-------------------------|---|
| A | COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Professional Liab GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | MTK7000063703 | 11/10/2015 | 11/10/2016 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COM/OP AGG \$ 3,000,000 |
| A | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS | | | MTA7000063701 | 11/10/2015 | 11/10/2016 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP-Basic \$ |
| | UMBRELLA LIAB EXCESS LIAB DED RETENTION\$ | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N | N/A | | | | PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Medical Transport Verification Only

CERTIFICATE HOLDER**CANCELLATION**

Clay County Board of County Commissioners
1 Doctors Drive
Green Cove Springs, FL 32043

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

James Tullis/SAMMIE

© 1988-2014 ACORD CORPORATION. All rights reserved.

MUTUAL AID AGREEMENT.

MUTUAL AID AGREEMENT

In the event of a disaster or a situation that arises which requires our assistance to Clay County Fire/Rescue, ASI will respond to assist in such matters. ASI understands that the Clay County Fire Chief will have control of the scene and will receive orders and instructions from the Fire Chief without question.

SWORN STATEMENT

I hereby declare that the information contained in this application is true and accurate.

x Kathy Wallace
Kathy Wallace – President

STATE OF FLORIDA

CLAY COUNTY

BEFORE ME, the undersigned authority, personally appeared or provided a valid driver's license, which after duly sworn, deposes and says that the information he/she provided is true.

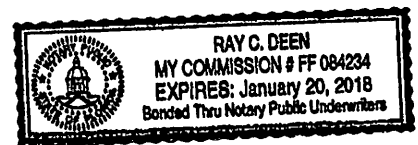
x Kathy Wallace
Kathy Wallace – President

SWORN AND SUBSCRIBED before me this 01ST day of November 2016.

Notary Public: Ray C. Deen

My Commission Expires: 01-20-2018

(SEAL)



LICENSES AND PERMITS

HUGHES, KATHLEEN M MD
AMBULANCE SERVICE, INC
5995 PHILIPS HIGHWAY
JACKSONVILLE, FL 32216-0000-000



| DEA REGISTRATION NUMBER | THIS REGISTRATION EXPIRES | FEE PAID |
|--|------------------------------|-------------|
| FH5747526 | 10-31-2018 | \$731 |
| SCHEDULES | BUSINESS ACTIVITY | ISSUE DATE |
| 2,2N, 3,3N,4,5, | PRACTITIONER | 01-19-2016 |
| HUGHES, KATHLEEN M MD AMBULANCE SERVICE, INC 5995 PHILIPS HIGHWAY JACKSONVILLE, FL 32216-0000 | | |

CONTROLLED SUBSTANCE 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.

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0305011

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

| DATE | LICENSE NO. | CONTROL NO. |
|------------|-------------|-------------|
| 12/31/2014 | ME 45813 | 481851 |

MEDICAL DOCTOR

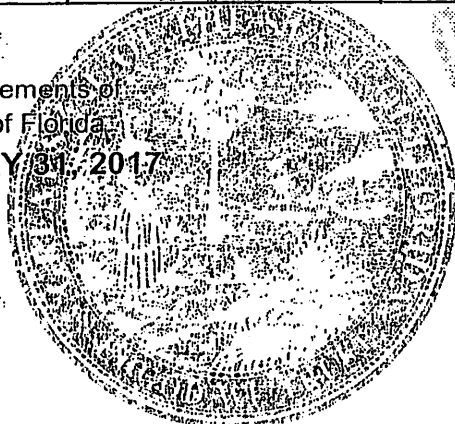
and below has met all requirements of
laws and rules of the state of Florida.

Expiration Date: **JANUARY 31, 2017**

KATHLEEN M HUGHES

SEMINOLE RD

LAKE WORTH BEACH, FL 32233



[Signature]

Rick Scott
GOVERNOR

[Signature]

John H. Armstrong, MD, FACS
STATE SURGEON GENERAL

DISPLAY IF REQUIRED BY LAW

EXPIRATION DATE: JANUARY 31, 2017

License number is ME 45813, please use it in all correspondence with your board/council. Each licensee is solely responsible for notifying the department in writing of licensee's current mailing address and practice location address. If you have not received your renewal notice 90 days prior to the expiration date shown on this license, call (850) 488-0595.

Section 1: report name change. Name changes require legal documentation showing the name change. Please make sure that a photocopy of one of the following accompanies this form: a marriage license, a divorce decree or a court order.

Quality Assurance offers you the convenience of several online services. These services give you the ability to renew your license, update your mailing and practice addresses and update your profile information.

1. Go to www.FLHealthSource.gov
2. Click on "Provider Services"
3. Click on "Manage my License"
4. Select your profession
5. Enter the user ID and password that was provided to you on your initial license and click "Sign in using our secure server."
6. If you do not know your user ID and password, click on "Get Login Help?" or call our Customer Contact Center at (850) 488-0595 for assistance.

TO: DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE
LICENSURE SUPPORT SERVICES UNIT
P.O. BOX 6320
TALLAHASSEE, FLORIDA 32314-6320

NAME CHANGE (ATTACH LEGAL DOCUMENTATION)

| | | |
|------|-------|--------|
| LAST | FIRST | MIDDLE |
| LAST | FIRST | MIDDLE |

03, 5/98

630987

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

AC#

DATE

LICENSE NO.

ME 45813

12/31/2014

CONTROL NO.

481851

EXPIRATION DATE

JANUARY 31, 2017



The MEDICAL DOCTOR
named below has met all requirements
of the laws and rules of the State of Florida.

KATHLEEN M HUGHES

LICENSEE SIGNATURE

IMPORTANT ANNOUNCEMENT

THE DEPARTMENT OF HEALTH WILL NOW REVIEW
YOUR CONTINUING EDUCATION RECORDS AT
THE TIME OF LICENSE RENEWAL.

TO LEARN MORE, PLEASE VISIT WWW.CEatRENEWAL.COM



2016-2017 BUSINESS TAX RECEIPT
MICHAEL CORRIGAN, DUVAL COUNTY TAX COLLECTOR
231 E. FORSYTH STREET, SUITE 130, JACKSONVILLE, FL 32202-3370
Phone: (904) 630-1916, option 3; Fax: (904) 630-1432
Website: www.coj.net/tc; Email: taxcollector@coj.net

Note – A penalty is imposed for failure to keep this receipt exhibited conspicuously at your place of business.
This business tax receipt is furnished pursuant to Municipal Ordinance Code, Chapters 770-772, for the period
October 1, 2016 through September 30, 2017.

AMBULANCE SERVICE, INC
KATHY WALLACE, PRES
5995 PHILIPS HWY
JACKSONVILLE, FL 32216-6085

ACCOUNT NUMBER: 362
LOCATION ADDRESS: 5995 PHILIPS HWY
JACKSONVILLE, FL 32216-6085

| | | | |
|--------------------------------|------------------------------------|---------------------------|-------|
| DESCRIPTION: | PUBLIC SERVICE OR REPAIR, NOT SPEC | STATE LICENSE NO.: | |
| COUNTY RECEIPT DESC: | PUBLIC SERVICE OR REPAIR, NOT SPEC | COUNTY TAX: | 13.75 |
| MUNICIPAL RECEIPT DESC: | MC 772.326-15 | MUNICIPAL TAX: | 41.25 |
| | | TOTAL TAX PAID: | 55.00 |

VALID UNTIL September 30, 2017

*****ATTENTION*****

THIS RECEIPT IS FOR BUSINESS TAX RECEIPT ONLY.
CERTAIN BUSINESSES MAY REQUIRE ADDITIONAL STATE LICENSING.

This is a business tax receipt only. It does not permit the receipt holder to violate any existing regulatory or zoning laws of the County or City. It does not exempt the receipt holder from any other license or permit required by law. This is not a certification of the receipt holder's qualifications.

Michael Corrigan J.

TAX COLLECTOR

THIS BECOMES A RECEIPT AFTER VALIDATION.
PAID-4093034.0001-0001 Y02 08/01/2016 55.00



**CLAY COUNTY BOARD OF COUNTY COMMISSIONERS
CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY**

The Board of County Commissioners of Clay County hereby issues a Certificate of Public Convenience and Necessity to

Ambulance Services, Inc. to provide services with limitations as prescribed herein:

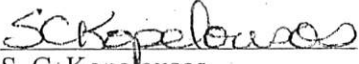
- 1) Class B: Certificates for governmental entities that provide rescue units or businesses, agencies and hospitals that provide ambulances to conduct emergency or non-emergency inter-facility medical transport or transport services at the ALS or BLS level.
- 2) Class C: Certificates for governmental entities that provide rescue units or businesses, agencies and hospitals that provide ambulances to conduct emergency or non-emergency inter-facility medical transport or transport services requiring on-board clinical capabilities which may exceed those of a conventionally equipped and staffed ALS ambulance which services originate within the county pursuant to a physician's order.
- 3) Class D: Certificates for governmental entities that provide rescue units or businesses, agencies and hospitals that provide ambulances to conduct emergency or non-emergency inter-facility medical transport or transport services, inter-hospital neonatal and emergency or non-emergency organ/blood transport, including the transport of transplant teams or other emergency or non-emergency inter-hospital medical transport services at the ALS or BLS level between two establishments licensed as hospitals pursuant to Chapter 395, Florida Statutes.

The above names service affirms that it will maintain compliance with Ordinance Number 07-14

Effective: January 11, 2014

Date of Expiration: January 11, 2017 (Unless suspension or revocation is prior thereto)

ATTEST:


S. C. Kopelousos
County Manager and Clerk to
The Board of County Commissioners


Wendell D. Davis, Chairperson
Board of County Commissioners



OFFICE OF THE DIRECTOR / FIRE CHIEF

CERTIFICATE NO. 98-215-A

**THE CITY OF JACKSONVILLE
FIRE AND RESCUE DEPARTMENT**

**EMERGENCY MEDICAL AMBULANCE SERVICE
ADVANCED LIFE SUPPORT (ALS)
AND BASIC LIFE SUPPORT (BLS)**

Upon consideration of the record in the above number Certificate, authority to issue this Certificate was approved by the Jacksonville City Council (pursuant to Ordinance 97-450-E) and is hereby granted to **Ambulance Service, Inc.** to operate an emergency medical transportation services business under the name of Ambulance Service, Inc., in accordance with the provisions of the Municipal Code of the City of Jacksonville, as it may from time to time be amended, including, but not limited to Chapter 158 of that Code, and the laws, rules and regulations of the State of Florida. In addition to being subject to the aforementioned City and State laws/regulations, this Certificate is issued and the emergency medical transportation service business hereby authorized shall be operated subject to the following conditions:

Conditional upon issuance of a license by the Department of Health and Rehabilitative Services, State of Florida which must be presented to the Director/Fire Chief of the Jacksonville Fire and Rescue within sixty (60) days from the date of issuance of this Certificate.

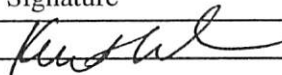
This Certificate shall remain in force and effect for the period ending **April 22, 2018**. This Certificate may be suspended by the Director/Fire Chief of the Jacksonville Fire and Rescue Department and revoked by the Council in accordance with the aforementioned Municipal Code.

**Date of Issuance:
June 2, 2016**

**BY ORDER OF THE COUNCIL OF
THE CITY OF JACKSONVILLE**

**GREG ANDERSON
COUNCIL PRESIDENT**

**CONFIRMED:
KURTIS R. WILSON
DIRECTOR**

| State License No. | Expiration Date | Date Presented | Signature |
|-------------------|-----------------|----------------|--|
| 3910 | April 21, 2017 | March 27, 2015 |  |
| | | | |
| | | | |



St. Johns County Certificate of Public Convenience and Necessity

WHEREAS, Ambulance Service Incorporated has requested authorization to provide Advanced Life Support and Basic Life Support non-emergency medical services that originate within St. Johns County.

WHEREAS, the above named service affirms that it will maintain compliance with the requirements of the Emergency Medical Services Act (Chapter 401, F.S.) and Rules (Chapter 64J-1, 64J-2, 64J-3 F.A.C.) and St. Johns County Ordinance 2012-20.

WHEREAS, Ambulance Service Incorporated has indicated that it desires not to conflict with the current level of pre-hospital service being provided by the St. Johns County Fire Rescue Department.

NOW, THEREFORE, IT IS HEREBY ORDERED, that the Board of County Commissioners issue a Class B/C Certificate of Public Convenience and Necessity to said service to provide non-emergency medical services with the following limitations:

1. Ambulance Service Incorporated will provide scheduled non-emergency ambulance transportation originating within the boundaries of St. Johns County.
2. Ambulance Service Incorporated will provide Class C as defined in St. Johns County Ordinance 2012-20 ambulance transportation originating within the boundaries of St. Johns County.
3. Ambulance Service Incorporated will provide emergency interfacility ambulance transportation, as requested by the St. Johns County Fire Rescue Department.
4. Ambulance Service Incorporated will provide mutual aid when requested to do so by the St. Johns County Fire Rescue Department.

Certificate Type: Class B/C

Date issued: March 6, 2016

ATTEST: Hunter S. Conrad, Clerk

By: *Lam Halterman*
Deputy Clerk

Date of Expiration: March 6, 2019
Unless Certificate is sooner revoked or suspended

[Signature]
County Administrator

LEGALLY SUFFICIENT

[Signature]
Name
Date 3/9/16



[Signature]
Chair, Board of County Commissioners