

**INITIAL / RENEWAL APPLICATION FOR  
CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY  
NASSAU COUNTY, FLORIDA**

This initial/renewal application is for a Certificate of Public Convenience and Necessity ("COPCN") to provide emergency medical care and/or transportation or nonemergency transportation within Nassau County, Florida. Nassau County, Florida reserves the right to request additional information from the applicant once this application is submitted.

Application Type: Initial ☐ Renewal ☒

1. Name of business MT Medical Florida  
2. Address 6820 Southpoint Parkway Suite 3  
City Jacksonville State FL Zip Code 32216

P.O. Box \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

3. Phone number(s) (904) 518-3701  
(Include area codes) \_\_\_\_\_ Business Office \_\_\_\_\_  
Pager Number \_\_\_\_\_ Cell Phone Number (904) 549-3853

4. List names, addresses and day time phone numbers of (all) owner, partners, operator and/or board of directors of corporation.  
Ownership is MedTrust Holdings Inc. (843) 284-6331  
Board: Josh Thomas Watts and Lenna Ruth McDonald

5. State the experience of everyone listed in Paragraph 4.  
Joshua Thomas Watts is the current Chief Executive Officer- Co-Founder for MedTrust Holdings, Inc (2012-Present), a SC based interfacility ambulance provider serving more than nine hospital systems in SC, GA, and FL as well as numerous other post-acute providers.

Lenna Ruth Macdonald is the current Chairman (executive) and Chief Administrative Officer for MedTrust Holdings, Inc. (2015-present), a SC based interfacility ambulance provider serving more than nine hospital systems in GA, FL and SC. Ms. Macdonald is the former Chief Strategy Officer. General Counsel (Chief Legal

6. Indicate the level applicant wishes to provide: (No 9-1-1 calls for service in Nassau County except as requested by Nassau County Fire Rescue)

- ☐ Type B – Basic Life Support Non-Transport (BLS Non-Transport)  
☒ Type C – Basic Life Support Transport (BLS Transport)  
☐ Type D – Advanced Life Support Non-Transport (ALS Non-Transport)  
☒ Type E – Advanced Life Support Transport (ALS Transport)  
☐ Type F – Prehospital Air Ambulance Service  
☒ Type G – ALS Interfacility Transport Service  
☒ Type H – BLS Interfacility Transport Service

7. List the geographical area in which you wish to provide the service being applied for herein (complete county or portion thereof):  
Duval, Nassau, St. John's and Clay counties
- 

8. State the facts showing the demand or the need for the level of service in the geographical area being applied for:

To provide inter-facility transport from Baptist Nassau Hospital to definitive medical treatment in Jacksonville.

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9. Give a detailed description of the equipment the applicant will utilize in the service (attach separate sheet if needed). Also, complete the vehicle roster attached.

All Equipment and supplies required by State of FL DOH. In addition to Zoll EMT+ 731 Series Ventilators, Zoll X Series Cardiac monitors and Stryker Power Cots

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10. Number of personnel to staff each unit? 2

11. Proof applicant is in compliance with all applicable federal, state and local requirements. (Attach copies of certificates) including ALS and / or BLS Ambulance provider license by the Florida Department of Health, Bureau of EMS)

12. State the address and description of each of the locations from which the applicant will operate and the hours of operation, staffing, and phone number for that location

Location Address	Description	Hours of operation	Staffing	Phone number
6820 Southpoint Pk	Main Operation	24hr Operations	1 Medic 1 EM	904-644-7063
1734 Kingsley Ave	Operation Base	24hr Operations	4 Medics 8 EM	904-518-3701

13. Does the service have "back-up" availability in case a unit breaks down or multiple calls?

YES ☒ NO ☐ If Yes, explain procedure:

The unit will contact our dispatch facility, then dispatch will send one of our other ten fleet trucks.

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14. Provide written documentation to assist Nassau County Fire Rescue and any other emergency services during a disaster situation.

15. Will your service transport patients out of county? Yes

16. Will your service pick up from other counties? Yes then return to Nassau County? Yes

17. Type of service which will be provided (check appropriate blank):

Land ☒ Water ☐ Air ☐

18. Rate schedule – Provide a listing of all rates/charges for your service to provide the level applied for.

19. If a COPCN is issued to applicant, applicant agrees to the following:

- a. To indemnify Nassau County for any claims or losses arising out of applicant's operations;
- b. Applicant will comply with all state and county laws and regulations;
- c. Provide continuous and uninterrupted service to the extent and for the area authorized by the COPCN;
- d. Provide service to adjacent areas or routes within Nassau County, when requested to do so by public safety agencies, in an emergency situation or in accordance with established agreements;
- e. Keep posted at all the principal business locations in Nassau County a copy of the COPCN and any rate or fee schedule;
- f. Provide proof of insurance in amounts required by the Board of County Commissioner through the Risk Management Department;
- g. Keep such records as may be required by Nassau County Fire Rescue Department or Nassau County Board of County Commissioners, and
- h. Operate in conformance with state law and all rules and regulation hereunder.

To the best of my knowledge, all statements on this application are true and correct and the applicant agrees to the terms contained herein.

*Duke Armour*  
Signature of Applicant

Director of Operations      29 Oct 2020  
Title      Date

STATE OF FLORIDA  
COUNTY OF Duval

This foregoing instrument was acknowledged before me  
this 29 day of October, 2020, by  
Duke Armour  
as Director of Operations (title)  
for M-1 medical transport  
(Company Name)

*[Signature]*  
Notary Signature

NOTARY SEAL/STAMP

Personally Known ☐ OR Produced Identification ☒  
Type of Identification produced: FLDL



RAVEN JONES  
Commission # HH 055164  
Expires October 20, 2024  
Bonded Thru Budget Notary Services

Mail completed application and supporting documents to:  
Nassau County Fire Rescue  
Attn: Greg Roland, Assistant Chief  
96160 Nassau Place  
Yulee, FL 32097

For all questions or additional information please contact:  
Greg Roland, Assistant Chief  
groland@nassaucountyfl.com  
904-530-6602



Unit	Make	Model	Purchased	VIN	FL ALS #	FL BLS #	License Plate #
201	Ford	E-350	Nov-18	1FDWE3FS1JDC21652	21921	5655	IA51AE
202	Ford	E-350	Nov-18	1FDWE3FS6JDC21646	21922	5656	IA52AE
203	Ford	E-350	Nov-18	1FDWE3FS1JDC21571	22707	5990	IA55AE
204	Ford	E-350	Nov-18	1FDWE3FS3JDC21572	21920	5654	IA56AE
205	Ford	E-350	Nov-18	1FDWE3FS9JDC05361	21911	5645	IA57AE
206	Ford	E-350	Nov-18	1FDWE3FSXJDC09144	21912	5646	IA58AE
207	Ford	E-350	Nov-18	1FDWE3FS8JDC14827	21913	5647	IA60AE
208	Ford	E-350	Nov-18	1FDWE3FS2JDC14824	21914	5648	IA61AE
209	Ford	E-350	Nov-18	1FDWE3FS0JDC16622	21915	5649	IA62AE
210	Ford	E-350	Nov-18	1FDWE3FSXJDC14828	21916	5650	IA63AE
211	Ford	E-350	Nov-18	1FDWE3FS7JDC16617	21917	5651	IA65AE
212	Ford	E-350	Nov-18	1FDWE3FS0JDC17799	21918	5652	IA64AE
213	Ford	F-450	Nov-19	1FDRF3GT9JEC82016	22627	5675	NRLP27
214	Ford	E-350	Oct-19	1FDWE3FSXKDC33560	22628	5976	NRLJ47



STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
BUREAU OF EMERGENCY MEDICAL OVERSIGHT

ADVANCED LIFE SUPPORT SERVICE LICENSE

This is to certify that: MT MEDICAL FLORIDA, INC. Provider Number # 10009

Name of Provider


6820 SOUTHPOINT PARKWAY SUITE 3 JACKSONVILLE, FLORIDA 32216

Address

has complied with Chapter 401, Florida Statutes, and Chapter 641-1, 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:

CLAY, DUVAL, NASSAU, ST. JOHNS

County (s)

  
Steve A. McCoy  
Emergency Medical Services Administrator  
Florida Department of Health

**THIS CERTIFICATE EXPIRES ON: 10/15/2022**

This certificate shall be posted in the above mentioned establishment

**2020-2021 LOCAL BUSINESS TAX RECEIPT****JIM OVERTON, DUVAL COUNTY TAX COLLECTOR**

231 E. Forsyth Street, Suite 130, Jacksonville, FL 32202-3370

Phone: (904) 630-1916, option 3 Fax: (904) 630-1432

www.duvaltaxcollect.net 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, 2020 through September 30, 2021.

MEDTRUST  
MT MEDICAL FLINC  
MT MEDICAL FL INC  
6820 SOUTH POINT PKWY  
STE 3  
JACKSONVILLE, FL 32216

**ACCOUNT NUMBER:** 319160  
**BUSINESS NAME:** MT MEDICAL FLINC  
**PHYSICAL ADDRESS:** 6820 SOUTH POINT PKWY STE 3  
JACKSONVILLE, FL 32216

**CLASSIFICATION CODE:** 323079 - PUBLIC SERVICE OR REPAIR, NOT SPEC

**STATE LICENSE NO:** 10009

**COUNTY TAX:** 93.75  
**MUNICIPAL TAX:** 276.25  
**TOTAL TAX:** 370.00

**VALID UNTIL September 30, 2021****\*\*\*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.

JIM OVERTON, TAX COLLECTOR

**THIS BECOMES A RECEIPT AFTER VALIDATION.**

PAID-5507461.0001-0001 WEB 08/14/2020 370.00



## Department of Health

AARON B WARD

License Number: ME128999

*Data As Of 7/21/2020*

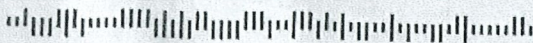
<b>Profession</b>	Medical Doctor
<b>License</b>	ME128999
<b>License Status</b>	CLEAR/ACTIVE
<b>License Expiration Date</b>	1/31/2022
<b>License Original Issue Date</b>	07/06/2016
<b>Address of Record</b>	159 N 3rd St MACCLENNY, FL 32063 UNITED STATES
<b>Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)</b>	No
<b>Discipline on File</b>	No
<b>Public Complaint</b>	No

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.





1:4  
127/639  
WARD, AARON  
900 KINGSWOOD DR  
RICHMOND HILL, GA 31324-0000



10032605.3/001428-1/1-0

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FW6180626	05-31-2022	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	PRACTITIONER	05-06-2019
WARD, AARON ED FRASER MEMORIAL HOSPITAL 159 N 3RD ST MACCLENNY, FL 32063-0000		

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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Form 10032605.3/001428-1/1-0





6820 Southpoint Parkway Suite 3  
Jacksonville, Florida 32216  
[www.ridemedtrust.com](http://www.ridemedtrust.com)  
Office (904) 518-3701

Chief Rigdon:

Listed below is a complete list of vehicles owned and operated by MT Medical Florida, doing business as MedTrust, that will be doing business in Nassau County.

Unit	Make Model	VIN	FL ALS #	FL BLS #	License Plate #
201	Ford E-350	1FDWE3FS1JDC21652	21921	5655	IA51AE
202	Ford E-350	1FDWE3FS6JDC21646	21922	5656	IA52AE
203	Ford E-350	1FDWE3FS1JDC21571	22707	5990	IA55AE
204	Ford E-350	1FDWE3FS3JDC21572	21920	5654	IA56AE
205	Ford E-350	1FDWE3FS9JDC05361	21911	5645	IA57AE
206	Ford E-350	1FDWE3FSXJDC09144	21912	5646	IA58AE
207	Ford E-350	1FDWE3FS8JDC14827	21913	5647	IA60AE
208	Ford E-350	1FDWE3FS2JDC14824	21914	5648	IA61AE
209	Ford E-350	1FDWE3FS0JDC16622	21915	5649	IA62AE
210	Ford E-350	1FDWE3FSXJDC14828	21916	5650	IA63AE
211	Ford E-350	1FDWE3FS7JDC16617	21917	5651	IA65AE
212	Ford E-350	1FDWE3FS0JDC17799	21918	5652	IA64AE
213	Ford F-450	1FDRF3GT9JEC82016	22627	5675	NRLP27
214	Ford E-350	1FDWE3FSXKDC33560	22628	5976	NRLJ47

Thank you for your time,

Dale Casterline,  
Director of Operations  
MedTrust



6820 Southpoint Parkway Suite 3  
Jacksonville, Florida 32216  
[www.ridemedtrust.com](http://www.ridemedtrust.com)  
Office (904) 518-3701

Thursday, October 29, 2020

Brady Rigdon, Fire Chief  
Nassau County Fire Rescue  
96160 Nassau Place  
Yulee, Florida 32097  
904-530-6600

Chief Rigdon:

MT Medical Florida, doing business as MedTrust, as requested will provide backup or support services to Nassau County Fire/EMS if requested as a result of a natural disaster, manmade disaster or MCI

Thank you for your time,

Dale Casterline,  
Director of Operations  
MedTrust



6820 Southpoint Parkway Suite 3  
Jacksonville, Florida 32216  
[www.ridemedtrust.com](http://www.ridemedtrust.com)  
Office (904) 518-3701

Chief Rigdon:

Listed below are the rates for service charged by MT Medical Florida, doing business as MedTrust.

ALS 2 Base Rate \$1,700.00

ALS 1 Emergent Base Rate \$1,500.00

ALS 1 Nonemergent Base Rate \$1,500.00

BLS Emergent Base Rate \$1,250.00

BLS Nonemergent Base Rate \$1,250.00

SCT Base Rate \$1,950.00

Mileage \$15.00 per mile

Thank you for your time,

Dale Casterline,  
Director of Operations  
MedTrust