

**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 Century Ambulance Service, Inc.
2. Address 2110 Herschel St  
City Jacksonville State Fl Zip Code 32204  
  
P.O. Box \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
3. Phone number(s) 904-356-0835 Ext 244  
(Include area codes) \_\_\_\_\_ Business Office \_\_\_\_\_  
\_\_\_\_\_ 904-627-9235  
Pager Number Cell Phone Number
4. List names, addresses and day time phone numbers of (all) owner, partners, operator and/or board of directors of corporation.  
See Attachment 1  
  
\_\_\_\_\_
5. State the experience of everyone listed in Paragraph 4.  
See Attachment 1  
  
\_\_\_\_\_
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):

Complete County

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

Century provides intrafacility transport for BMC Nassau in addition to assisting with coverage for a portion of the Nassau County HS football games.

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.

See Attachment 2

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
1880 S. 14th St., Suite 101	Station	24 hours	2	904-356-2828
Fernandina Beach, FL 32034				

13. Does the service have "back-up" availability in case a unit breaks down or multiple calls? YES ☒ NO ☐ If Yes, explain procedure:

Century Ambulance operates over 40 ambulances in adjacent Duval County which provides the opportunity to swap vehicles and back-fill for coverage as necessary. Century Ambulance has been operating as an ambulance company in Florida since 1981 in North Florida.

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.

[Signature]  
Signature of Applicant

GM  
Title

11/4/2020  
Date

STATE OF FLORIDA

COUNTY OF Duval

This foregoing instrument was acknowledged before me  
this 4 day of November, 2020, by

Matthew Johnson  
as General Manager (title)  
for Century Ambulance  
(Company Name)

[Signature]  
Notary Signature



NOTARY SEAL/STAMP

Personally Known ☐ OR Produced Identification ☒

Type of Identification produced:

Florida Drivers License

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



## Attachment 1

Century Ambulance Service, Inc.  
 Application for Certificate of Public Convenience and Necessity  
 Nassau County, Florida  
 List of Owners, Operators and Board of Directors

NAME		Title			Address	Phone #	Notes
Owners							
PT-1 Century Holdings, Inc.	Owner				720 Portal Street Cotati, CA 94931	707 665-4289	Entity owns 100% of Century Ambulance Service, Inc
PT-1 Holdings, LLC	Owner				720 Portal Street Cotati, CA 94931	707 665-4289	Entity owns 100% of PT-1 Century Holdings, LLC
Operators							
Brock Hardaway	CEO				720 Portal Street Cotati, CA 94931	858 261-4660	30+ Years of Healthcare experience
Stephen Ghiglieri	CFO				720 Portal Street Cotati, CA 94931	415 699-3973	30+ Years of Healthcare experience
Kathy Loya	CAO				720 Portal Street Cotati, CA 94931	818 601-4720	40+ Years of Healthcare experience
Matt Johnson	VP, East Coast Ambulance Region General Manager - Century Ambulance				2110 Herschel Street Jacksonville, FL 32204	904 798-0439	30+ years of Ambulance Industry experience
Board of Directors							
Mark Jrolf	Owner,	New	Heritage	Capital	800 Boylston Street, Suite 1535 Boston, MA 02199	617 439-0688	
Nicole Norris	Owner,	New	Heritage	Capital	800 Boylston Street, Suite 1535 Boston, MA 02199	617 439-0688	
Melissa Barry	Owner, New Heritage Capital				800 Boylston Street, Suite 1535 Boston, MA 02199	617 439-0688	



## Attachment 2

### Equipment List

Spot Light	Manual BP Cuffs (all sizes)
Med Radio	1 Stethoscope Adult
Uni Supplies	Glucometer w/ Supplies
Flashlight w/ Batteries (working)	IV Box w/ Supplies (ALS)
Smartphone w/ Charger	Airway Box w/ Supplies (ALS)
Clipboard w/ Paperwork	Drug Box w Supplies (ALS)
Fuel Card	Pediatric Box w/ Supplies (ALS)
Vehicle Insurance / Registration	Narcotics Box w/ Supplies and Log (ALS)
Extraction Tools	Drug Box / Log (ALS)
Jumper Cables	IV Pump (ALS)
Facility Access Card	Ventilator w/ Bag and Stand (ALS)
Medical SOG	Jump Bag w/ Supplies
Spare Stryker Battery	Portable Suction w/ Supplies
Stretcher Battery Charger	Installed Suction w/ Supplies
Pediatric Restraint	Gloves (all sizes)
2 Backboards	Disposable Linens
1 Shortboard or KED	2 Blankets
CID Bag w/ Supplies	4 Pillows
Stair Chair	Styker Stretcher w/ Battery
Scoop Stretcher	Main O2
Traction Splints w Supplies (adult & child)	Portable O2
Pulse Oximeter w/ Supplies (BLS)	Spare Portable O2
Cardiac Monitor w/ Supplies	HT70 Ventilator



## **Attachment 3**

**Corporation in Good Standing**

# *State of Florida*

## *Department of State*

I certify from the records of this office that CENTURY AMBULANCE SERVICE, INC. is a corporation organized under the laws of the State of Florida, filed on February 20, 1981.

The document number of this corporation is F20454.

I further certify that said corporation has paid all fees due this office through December 31, 2019, that its most recent annual report/uniform business report was filed on April 29, 2019, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

*Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this  
the Twentieth day of May, 2020*



*Laurel R. Bee*  
**Secretary of State**

Tracking Number: 6068305175CU

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>



## Emergency Medical Services License Application Profile Report

### PROVIDER DATA

<u>Name:</u>	CENTURY AMBULANCE SERVICE, INC.	<u>ID NUMBER:</u>	1614	<u>Phone:</u>	(904) 356-0835
<u>Manager Name:</u>	Raymond Bailey, Manager	<u>COUNTY:</u>	DUVAL	<u>Fax:</u>	(904) 356-9677
<u>Mailing Address:</u>	2110 Herschel Street  JACKSONVILLE, FL 32204	<u>Service Type</u>	<u>Email:</u> ray.bailey@centuryamb.com		
<u>Physical Address:</u>	2110 Herschel Street  JACKSONVILLE, FL 32204	Private Corporation For Profit			

### LICENSE DATA

<u>Certification Number:</u>	4496	<u>Date Issued:</u>	08/19/2019	<u>Expires:</u>	09/14/2021
<u>Status:</u>	Clear				
<u>Service Type:</u>	ALS	<u>Amount Required:</u>	\$3,775.00	<u>Amount paid:</u>	\$3,775.00

### PRIMARY MEDICAL DIRECTOR DATA

<u>Name:</u>	MURRAY, DAVID THOMAS M D	<u>License Number:</u>	ME 22471	<u>License Expires:</u>	01/31/2020
<u>Phone:</u>	(904) 356-0835	<u>DEA Reg. #:</u>	BM4043129	<u>DEA Reg. Expires:</u>	01/31/2021
<u>Address:</u>	2110 Herschel Street JACKSONVILLE FL 32204	<u>Contract End Date:</u>	01/01/1901		

### CONDARY MEDICAL DRIECTOR DATA

<u>Name:</u>	SWENTON, CHRISTINE	<u>License Number:</u>	ME 116915	<u>License Expires:</u>	01/31/2021
<u>Phone:</u>	(904) 356-0835	<u>DEA Reg. #:</u>	FS 6304303	<u>DEA Reg. Expires:</u>	02/28/2022
<u>Address:</u>	2110 Herschel Street JACKSONVILLE FL 32204	<u>Contract End Date:</u>	01/01/1901		

**INSURANCE DATA**

Insurance Company	Type of Insurance	Insurance Expiration Date
Capitol Speciality Insurance Corp.	Professional Liability	06/01/2020
Old Republic Insurance Company	Vehicle Liability	06/01/2020

**SERVICE AREA DATA**

County of Service	Date Certificate of Public Convenience and Necessity Expires
Nassau - ALS	12/31/2020
Bradford - ALS Services	07/10/2021
Putnam - ALS	01/01/1901
Union - ALS	09/30/2020
Baker - ALS	03/31/2021
Columbia - ALS & BLS	06/16/2021
Madison - ALS Interfacility	01/31/2020
Suwannee - ALS	01/01/1901
St. Johns - ALS & BLS	09/15/2021
Clay - ALS & BLS	08/27/2020
Duval - ALS & BLS	04/20/2021
Flagler - ALS & BLS Interfacility	11/30/2019
Bay - BLS Transport & ALS Transfer	12/04/2022
Broward	12/31/2021
Broward	12/31/2021

## VEHICLE DATA

Permit #	Type	Sub-Type	Make	Model	Year	License Status	Issue Date	Vehicle Identifier	Permit Fee
19435	ALS	T	CHEVY CG33503	TYPE 3	2008	Clear	09/15/2015	1GBJG316581197374	25.00
19438	ALS	T	CHEVY CG33503	TYPE 3	2010	Clear	09/15/2015	1GB6G2B63A1112813	25.00
19440	ALS	T	CHEVY CG33503	TYPE 3	2010	Clear	09/15/2015	1GBB6G2B68A1125203	25.00
19441	ALS	T	CHEVY CG33803	TYPE 3	2010	Clear	09/15/2015	1GB9G5B63A1124085	25.00
19442	ALS	T	CHEVY CG33503	TYPE 3	2009	Clear	09/15/2015	1GBJG316691180858	25.00
19445	ALS	T	FORD F350	TYPE 1	2012	Clear	09/15/2015	1FDRF3GT7CEA16416	25.00
19446	ALS	T	FORD F350	TYPE 1	2012	Clear	09/15/2015	1FDRF3GTXCCEC34575	25.00
19447	ALS	T	FORD F350	TYPE 1	2012	Clear	09/16/2015	1FDRF3GT8CEC34574	25.00
19448	ALS	T	CHEVY CG33503	TYPE 3	2013	Clear	09/16/2015	1GB3C2CL9D116196	25.00
19450	ALS	T	CHEVY CG33803	TYPE 3	2012	Clear	09/16/2015	1GB6G5CL3D1129833	25.00
19451	ALS	T	CHEVY CG33803	TYPE 3	2012	Clear	09/16/2015	1GB6G5CL3C1180327	25.00
19452	ALS	T	CHEVY CG33803	TYPE 3	2012	Clear	09/16/2015	1GB6G5CL1C1182772	25.00
19453	ALS	T	CHEVY CG33803	TYPE 3	2013	Clear	09/16/2015	1GB6G5CL4D1160430	25.00
19454	ALS	T	CHEVY CG33503	TYPE 3	2013	Clear	09/16/2015	1GB3GCL3D1189368	25.00
19455	ALS	T	CHEVY CG33803	TYPE 3	2012	Clear	09/16/2015	1GB6G5CL2C1180013	25.00
19456	ALS	T	CHEVY CG33803	TYPE 3	2012	Clear	09/16/2015	1GB6G5CL2C1180139	25.00
19459	ALS	T	CHEVY CG3308	TYPE 3	2012	Clear	09/16/2015	1GB6G5CL6C1178331	25.00
19463	ALS	T	CHEVY CG33503	TYPE 3	2014	Clear	09/16/2015	1GB3G2CLOE1158788	25.00
19466	ALS	T	FLT-M2	TYPE 1	2014	Clear	09/16/2015	1FVACWDT2FHGG6308	25.00
19467	ALS	T	CHEVY CG33503	TYPE 3	2014	Clear	09/16/2015	1GB3G2CLXE1171595	25.00
19471	ALS	T	CHEVY CG33503	TYPE 3	2014	Clear	09/16/2015	1GB3G2CL361198086	25.00
19952	ALS	T	FORD	TRANSIT TYPE 2	2016	Clear	06/15/2016	1FDYR2CM1GKA86027	25.00
19953	ALS	T	FORD	TRANSIT TYPE 2	2016	Clear	06/15/2016	1FDYR2CM3GKA86028	25.00
20351	ALS	T	CHEVY	CG33503	2010	Clear	12/21/2016	1GB6G2B61A1124068	25.00
20491	ALS	T	FORD	TRANSIT	2016	Clear	03/08/2017	1FDYR2CM2GKB24994	25.00
20492	ALS	T	FORD	TRANSIT	2016	Clear	03/08/2017	1FDYR2CM8GKB24996	25.00
20493	ALS	T	FORD	TRANSIT	2016	Clear	03/08/2017	1FDYR2CM8GKB24997	25.00
20857	ALS	T	CHEVY	TYPE 3	2009	Clear	08/17/2017	1GBKG316191131300	25.00
20858	ALS	T	CHEVY	TYPE 3	2007	Clear	08/17/2017	1GBJG316071229646	25.00
20859	ALS	T	FORD	TYPE 3	2012	Clear	08/17/2017	1FDWE3FSOCDA55868	25.00
20860	ALS	T	FORD	TYPE 1	2006	Clear	08/17/2017	1FDWF36P46EA60661	25.00
20861	ALS	T	FORD	TYPE 1	2006	Clear	08/17/2017	1FDWF36P26EA60660	25.00
20863	ALS	T	FORD	TYPE 3	2006	Clear	08/17/2017	1FDWE35P66DA86138	25.00
20864	ALS	T	FORD	TYPE 3	2013	Clear	08/17/2017	1FDWE3FS6DDA77889	25.00
20866	ALS	T	FORD TRANSIT 350	TYPE 2	2016	Clear	08/17/2017	1FDYR2CM2GKB15129	25.00
20867	ALS	T	FORD TRANSIT 350	TYPE 2	2016	Clear	08/17/2017	1FDYR2CM0GKB15128	25.00
20868	ALS	T	FORD TRANSIT 350	TYPE 2	2016	Clear	08/17/2017	1FDYR2CM9GKB15127	25.00
20869	ALS	T	FORD TRANSIT 350	TYPE 2	2016	Clear	08/17/2017	1FDYR2CM7GKB15126	25.00
21127	ALS	N	FORD	CONNECT	2014	Clear	12/04/2017	NMOGE9E72E1149440	25.00
21128	ALS	N	FORD	CONNECT	2014	Clear	12/04/2017	NMOGE9E77E1157811	25.00
21494	ALS	T	FORD	F450/TYPE 1	2012	Clear	06/07/2018	1FDXE4FS6CDA55875	6.00
21505	ALS	T	MERCEDES	SPRINTER/TYPE 2	2014	Clear	06/11/2018	WD3PE7CC1E5925261	25.00
21506	ALS	T	MERCEDES	SPRINTER/TYPE 2	2014	Clear	06/11/2018	WD3PE7CC7E5924535	25.00
21507	ALS	T	MERCEDES	SPRINTER/TYPE 2	2014	Clear	06/11/2018	WD3PE7CC1E5924529	25.00
21683	ALS	T	CHEVY	CG33803/TYPE 3	2013	Clear	07/26/2018	1GB6G5CL3D1184136	6.00

21684	ALS	T	FL-60	TYPE 1	2001	Clear	07/26/2018	1FV6GFBC11HG81912	6.00
21687	ALS	T	FORD	E-350	2018	Clear	11/09/2018	1FDWE3FSXJDC36604	25.00
21866	ALS	T	FORD	TYPE 2	2019	Clear	11/09/2018	1FDTR2CM4KA07362	25.00
21869	ALS	T	FORD	TYPE 2	2019	Clear	11/09/2018	1FDYR2CM4KA02422	25.00
21870	ALS	T	FORD	TYPE 2	2019	Clear	11/09/2018	1FDYR2CM6KKA07363	25.00
21871	ALS	T	FORD	TYPE 2	2019	Clear	11/09/2018	1FDYR2CM2KKA02421	25.00
22111	ALS	T	FREIGHTLINER	M2/TYPE 1	2019	Clear	03/19/2019	3ALACWFC8KDKU3196	25.00
22229	ALS	T	FORD	TRANSIT/TYPE 2	2016	Clear	06/03/2019	1FDYR2CMXGKB24998	6.00
4895	BLS	T	CHEVY CG33503	TYPE 3	2008	Clear	09/16/2015	1GBJG316981198558	25.00
4897	BLS	T	CHEVY CG33503	TYPE 3	2007	Clear	09/16/2015	1GBJG316X71254733	25.00
4898	BLS	T	CHEVY CG33503	TYPE 3	2007	Clear	09/16/2015	1GBJG316071253543	25.00
4899	BLS	T	CHEVY CG33503	TYPE 3	2012	Clear	09/16/2015	1GB3G2CL5C1107090	25.00
4900	BLS	T	FORD E450	TYPE 3	2012	Clear	09/16/2015	1FDXE4FS6CDA90660	25.00
4901	BLS	T	FORD E450	TYPE 3	2012	Clear	09/16/2015	1FDXE4FS6CDA90660	25.00
4902	BLS	T	FORD E450	TYPE 3	2012	Clear	09/16/2015	1FDXE4FS6CDA90660	25.00
4904	BLS	T	MERCEDES SPRINTER	TYPE 2	2014	Clear	09/16/2015	WD3PE7CC3E5924533	25.00
4905	BLS	T	MERCEDES SPRINTER	TYPE 2	2014	Clear	09/16/2015	WD3PE7CC2E5924534	25.00
4907	BLS	T	MERCEDES SPRINTER	TYPE 2	2014	Clear	09/16/2015	WD3PE7CC7E5926429	25.00
4909	BLS	T	MERCEDES SPRINTER	TYPE 2	2014	Clear	09/16/2015	WD3PE7CC5E5925862	25.00
4994	BLS	T	FORD	TRANSIT TYPE 2	2016	Clear	06/15/2016	1FDYR2CM6GKA86024	25.00
4995	BLS	T	FORD	TRANSIT TYPE 2	2016	Clear	06/15/2016	1FDYR2CM8GKA86025	25.00
5018	BLS	T	FORD	TRANSIT TYPE 2	2016	Clear	08/11/2016	1FDYR2CM0GKB15131	25.00
5019	BLS	T	FORD	TRANSIT TYPE 2	2016	Clear	08/11/2016	1FDYR2CM9GKB15130	25.00
5020	BLS	T	FORD	TRANSIT TYPE 2	2016	Clear	08/11/2016	1FDYR2CM2GKB15129	25.00
5021	BLS	T	FORD	TRANSIT TYPE 2	2016	Clear	08/11/2016	1FDYR2CM0GKB15128	25.00
5022	BLS	T	FORD	TRANSIT TYPE 2	2016	Clear	08/11/2016	1FDYR2CM9GKB15127	25.00
5023	BLS	T	FORD	TRANSIT TYPE 2	2016	Clear	08/11/2016	1FDYR2CM7GKB15126	25.00
5207	BLS	T	CHEVY CG33803	TYPE 3	2013	Clear	08/17/2017	1GB6G5CL4D1160430	25.00
5208	BLS	T	FORD TRANSIT 350	TYPE 2	2016	Clear	08/17/2017	1FDYR2CM6GKB24996	25.00
5209	BLS	T	FORD TRANSIT 350	TYPE 2	2016	Clear	08/17/2017	1FDYR2CM8GKB24997	25.00
5250	BLS	T	FORD	TYPE 1	2006	Clear	08/30/2017	1FDWF36P46EA60661	25.00
5251	BLS	T	FORD	TYPE 1	2006	Clear	08/30/2017	1FDWF36P26EA60660	25.00
5252	BLS	T	FORD	TYPE 3	2006	Clear	08/30/2017	1FDWE36P66DA86138	25.00
5285	BLS	T	FORD	ECONOLINE/TYPE 1	2011	Clear	10/06/2017	1FDSS3EL1BDA78916	25.00
5286	BLS	T	FORD	ECONOLINE/TYPE 1	2011	Clear	10/06/2017	1FDSS3EL1BDA78915	25.00
5401	BLS	T	FORD	F350	2004	Clear	12/04/2017	1FDWE36P04ED48545	6.00
5402	BLS	T	FORD	F350	2006	Clear	12/04/2017	1FDWE36P04ED48545	25.00
5518	BLS	T	CHEVY	CG33803	2012	Clear	05/02/2018	1GB6G5CL3D1129833	25.00
5519	BLS	T	FORD	TRANSIT 350	2016	Clear	05/02/2018	1FDYR2CM1GKA86027	25.00
5542	BLS	T	CHEVROLET	CG33503/TYPE 3	2010	Clear	06/11/2018	1GB6G2B64A1112898	25.00
5543	BLS	T	FORD	TRANSIT/TYPE 2	2016	Clear	06/11/2018	1FDYR2CMXGKA86026	25.00
5621	BLS	T	FORD	TYPE 2	2019	Clear	11/09/2018	1FDTR2CM4KA07362	25.00
5622	BLS	T	FORD	TYPE 2	2019	Clear	11/09/2018	1FDYR2CM4KA02422	25.00
5623	BLS	T	FORD	TYPE 2	2019	Clear	11/09/2018	1FDYR2CM6KKA07363	25.00
5624	BLS	T	FORD	TYPE 2	2019	Clear	11/09/2018	1FDYR2CM2KKA02421	25.00
5625	BLS	T	FORD	TYPE 2	2016	Clear	11/09/2018	1FDYR2CM2GKB24994	25.00
5627	BLS	T	FORD	TYPE 2	2016	Clear	11/09/2018	1FDYR2CM3GKA86028	25.00
5628	BLS	T	CHEVROLET	3500	2007	Clear	11/09/2018	1GBJG316071229646	25.00

Count of vehicles with status of "Issued"									
		BLS		ALS (Transport)		ALS (Non-Transport)		AIR	
	Total								
5629	BLS	T	FORD	E350	2012	Clear	11/09/2018	1FDWE3FSQCD A55868	25.00
5702	BLS	T	CHEVT	CG33503/TTYPE 3	2008	Clear	01/30/2019	1GBJG316681198162	6.00
5827	BLS	T	FORD	TRANSIT/TTYPE 2	2016	Clear	06/03/2019	1FDYR2CMXGKB24998	6.00
	96								



STATE OF FLORIDA  
DEPARTMENT OF HEALTH - EMERGENCY MEDICAL SERVICES  
Inspection Narrative (Section 401.31, F.S.)

HEALTH

Service Name: Century Ambulance Service Date: 06/11/19 Phone: 904-356-0835

County: Duval Type of Inspection: Random

Type of Service: ALS Unit #: C-158

Page 1 of 1

Comments (Use additional sheet if necessary)

Personnel Records Inspection----No Deficiencies

Service Records and Facilities Inspection----No Deficiencies

BLS Vehicle Inspection----Drivers side lower back up light not working (corrected)

ALS Vehicle Inspection----No Deficiencies

Equipment Test Results Inspection----No Deficiencies

Director of Operations Ray Bailey, I thank you and your staff for your help and cooperation during this inspection

If there is anything the Department can do to assist you in the future please, feel free to call anytime.



## DEPARTMENT OF HEALTH · EMERGENCY MEDICAL SERVICES

**Personnel Records (Section 401.31, F.S.)**

THE

Service Name: Century Ambulance Service

Inspection Date: 06/11/19

Number of Files Reviewed: 16

**Inspector Name:** Shelly Lewis

[illegible]





STATE OF FLORIDA  
DEPARTMENT OF HEALTH - EMERGENCY MEDICAL SERVICES  
SERVICE RECORDS AND FACILITIES INSPECTION REPORT (SECTION 401.31, F.S.)

Service Name: Century Ambulance Service

Inspection Date: 06/11/19

Phone: 904-356-0835

County: Duval

Type of Inspection: Announced

License Type: AJS

Date of Last Inspection: 12/07/16

License Expiration Date: 09/14/19

HEALTH

Inspection Codes:

1 = Item meets inspection criteria.

1a = Item corrected during inspection to meet criteria.

2 = Items not in compliance with inspection criteria.

Rating Categories:

1 = Lifesaving equipment, medical supplies, drugs, records or procedures

2 = Intermediate support equipment, medical supplies, drugs, records or procedures

3 = Minimal support equipment, medical supplies, records or procedures



I. ADMINISTRATIVE AND RECORDS STORAGE (Chapter 64J-1, F.A.C.)

1. Records storage and security.	1		
2. Records storage for 5 years.	1		
II. RECORDS (Section 401, F.S., Chapter 64J-1, F.A.C.)	1		
1. Current service license on display. (Chapter 64J-1, F.A.C.)	1		
2. Vehicle/Aircraft Records (Chapter 64J-1, F.A.C.) To include:			
A. Registration.	1		
B. Verification of vehicle permit.	1		
3. Previous inspection forms. (Chapter 64J-1, F.A.C.)	1		
4. Personnel Records for each EMT, paramedic (Chapter 64J-1, F.A.C.) To include:			
A. Date of employment.	1		
B. Record of training.	1		
C. Current professional certification.	1		
D. Documentation of completion of the 1988 D.O.T. Air Medical Crew National Standard Curriculum-Advanced, for Paramedic Crew members (Chapter 64J-1, F.A.C.)	N/A		
5. Ambulance driver record (for each per Section 401.281(1), F.S.) To include: Statements attesting to A.B.C.			
A. 18 years old.	1		
B. Not addicted to alcohol or controlled substances.	1		
C. Free from physical or mental defect or disease that would impair ability to drive.	1		
D. Driving record verification.	1		
E. Possess valid class "D" or chauffeur license.	N/A		
F. Is trained in safe operation of emergency vehicle - 16 hour E.V.O.C.	1		
G. Possesses a valid American Red Cross First Aid and Personal Safety card or its equivalent.	N/A		
H. Possesses a valid American Red Cross or American Heart Association CPR or ACLS card.	1		
NOTE: Current EMT or paramedic certification is evidence of compliance with items A, B, C and G above. (Section 401.27(4), F.S.)			
6. Medical Director (Section 64J-1, F.A.C.)			
A. Qualifications: Current ACLS certification or board certification (Chapter 64J-1, F.A.C.)	1		
B. Duties and responsibilities (Chapter 64J-1, F.A.C.)			
1. Write/review operating procedures for patient care.	1		
2. Written quality assurance program operating procedures that require the following:	1		
a. Prompt review of run reports.	1		
b. Direct observation of personnel.	1		
3. Documentation of implementation of #2 above.	1		
4. Documented of participation in direct contract time with EMS Field Level Providers for a minimum of 10 hours per year.	1		
7. Inventory, storage and security procedures for medications, fluids and controlled substances (Sections 499, 893, F.S., and Chapters 64J-1, F.A.C.)			
A. Observe if the following requirements for medications and fluids are being met:			
1. Storage area is secured by a locking mechanism.	1		
2. All items are inventoried at least monthly.	1		
3. Deteriorated or expired items are stored in a quarantine area, separate from usable items.	1		
4. Items are stored in a climate controlled (i.e. - heated and air conditioned) location.	1		
5. The area is clean and sanitary.	1		
B. Observe if the following requirements for controlled substances are being met:			
1. The requirements listed in items 105 above are being met.	1		
2. Medical director has registered storage areas with DEA (Chapter 64J-1, F.A.C.)	1		
C. Written operating procedures for the storage and handling of fluids and medications specify the following:			
1. Security procedures.	1		
2. Items stored in a climate controlled location (i.e. - heated and air conditioned)	1		
3. Deteriorated or expired items stored in a quarantine area, separate from usable items.	1		
4. Inventory procedures.	1		
D. Written operating procedures for the storage and handling of controlled substances specify the following:			
1. Storage procedures.	1		
2. The positions that have access to controlled substances.	1		
3. Shift change inventory procedures for vehicles.	1		
4. Procedures to be used for the documentation of use, disposal of excess and resupply of vehicles with controlled substances.	1		
5. Procedures used for inventory discrepancies.	1		
F. Verify that the following occurs with regard to controlled substances:			
1. Storage records are maintained on file at the location where the controlled substances are stored.	1		
2. All required inventories and records are maintained at least two years.	1		
3. Records are maintained separately from other records.	1		
8. Equipment substitutions when authorization by medical director (Chapter 64J-1, F.A.C.)	1		
9. Biomedical Waste operating procedures (Section 381.80, F.S. and Chapters 64J-1, F.A.C.) to include:			
A. Proper handling	1		
B. Proper storage	1		
C. Proper disposal	1		
10. EMS providers disaster plan integrates both local and regional disaster plan (Chapter 64J-1, F.A.C.)	1		
11. Adult and pediatric CID approval in writing by medical director (Chapter 64J-1, F.A.C.)	1		
12. If an EMS provider maintains an air ambulance license or has permitted aircraft, the following record requirements that apply (Section 401.251 F.S. and Chapter 64J-1, F.A.C.)			
A. Emergency protocol for overdue aircraft, when radio communications cannot be established, or when aircraft cannot be located.	N/A		
B. Documentation of flight done every 15 minutes while enroute to and from patient's location.	N/A		
C. Safety committee to include:			
1. Membership of one pilot, on flight medical crew member, medical director, EQ representative and one hospital administrator (if hospital based).	N/A		
2. Written safety procedures.	N/A		
3. Meetings held quarterly to review safety policies, procedures, unusual occurrences, safety issues, and audit compliance with safety policies and procedures.	N/A		
4. Safety audit results communicated to all program personnel.	N/A		
5. Minutes of meetings recorded and retained on file for 2 years.	N/A		

Comments:





STATE OF FLORIDA  
DEPARTMENT OF HEALTH - EMERGENCY MEDICAL SERVICES  
BASIC LIFE SUPPORT VEHICLE INSPECTION REPORT (SECTION 401.31, F.S.)

HEALTH

Service Name: Century Ambulance Service Inspection Date: 06/11/19 Phone: 904-356-0835

County: Duval

Type of Inspection: Random Announced

Vehicle Information:  
VIN: 0858

Unit#: C-158

Year/Make:

Permit Type ALS

Permit# 19444

Tag# U79971

Inspection Codes:

- 1 = Item meets inspection criteria.  
1a = Item corrected during inspection to meet criteria.  
2 = Items not in compliance with inspection criteria

Rating Categories:

- 1 = Lifesaving equipment, medical supplies, drugs, records or procedures  
2 = Intermediate support equipment, medical supplies, drugs, records or procedures  
3 = Minimal support equipment, medical supplies, records or procedures



Name	EMT/PARAMEDIC	CERTIFICATE NUMBER
1. Ferreira Ronald	Paramedic	
2. Beckman, Brenna	EMT	
3.		

Crew credentials: Section 401.27(1)  
and 401.281, F.S.



Minimum = One EMT and One Driver

I. VEHICLE REQUIREMENTS (Sections 316 and 401, F.S., Chapter 64J-1, F.A.C. and KKK-A-1822)

1. Exhaust System  
2. Exterior Lights:  
A. Head lights (high and low beam)  
B. Turn signals  
C. Brake Lights  
D. Tail Lights  
E. Back-up lights and audible warning device  
3. Horn  
4. Windshield wipers  
5. Tires  
6. Vehicle free of rust and dents  
7. Two-way radio communication - radio test  
A. Hospital (cab and patient compartment)  
B. Dispatch Center  
C. Other EMS units  
8. Emergency Lights  
9. Siren  
10. Two ABC fire extinguishers fully charged and inspected in brackets. Minimum 5 lbs each.  
11. Doors open properly, close securely.  
12. Rear and side view mirrors.  
13. Windows and windshield

1. Roller gauze  
2. ABD (minimum 5x9 inch) pads  
3. One pair of Bandage Shears  
4. One set each, patient restraints - wrist and ankle  
5. One each blood pressure cuffs: infant, pediatric, and adult.  
6. One stethoscope: pediatric and adult  
7. Blankets  
8. Sheets. (not required on non-transport vehicles)  
9. Pillows with waterproof covers and pillowcases or disposable single use pillows. (Not required on non-transport vehicles.)  
10. One disposable blanket or patient rain cover.  
11. One long spine board and three straps or equivalent.  
12. One short spine board and two straps or equivalent.  
13. One each adult and pediatric cervical immobilization device (CID), approved by the medical director of the service. This approval must be in writing and made available by the provider for the department to review.  
14. Set of padding for lateral lower spine immobilization of pediatric patients or equivalent.  
15. Two portable oxygen tanks, "D" or "E" cylinders, with one regulator and gauge. Each tank must have a minimum pressure of 1000 psi.  
16. Each transparent oxygen masks; adult, child and infant sizes, with tubing  
17. Set of pediatric and adult nasal cannulae with tubing.  
18. One each hand operated bag-valve mask resuscitators, adult and pediatric accumulator, including adult, child and infant transparent masks capable of use with supplemental oxygen  
19. One portable suction, electric or gas powered, with wide bore tubing and tips, which meet the minimum standards as published by the GSA in KKK-A-1822 specifications.  
20. Assorted sizes of extremity immobilization devices.  
21. One lower extremity traction splint. (Pediatric and Adult)  
22. One sterile obstetrical kit to include, at minimum, bulb syringe, sterile scissors or scalpel and cord clamps or cord-ties.  
23. Burn sheets.  
24. One flashlight with batteries.  
25. Occlusive dressings.  
26. Assorted sizes of oropharyngeal airways. Pediatric and Adult  
27. One installed oxygen with regulator gauge and wrench, minimum "M" size cylinder. (Other installed oxygen delivery systems, such as liquid oxygen, as allowed by medical director. This approval must be in writing and available to the department for review.)  
28. Sufficient quantity of gloves - suitable to provide barrier protection from biohazards for all crew members.  
29. Sufficient quantity of each for all crewmembers - Face Masks - both surgical and respiratory protective.  
30. Assorted pediatric and adult sizes rigid cervical collars as approved in writing by the medical director and available for review by the department.  
31. Nasopharyngeal airways, French or mm equivalents (infant, pediatric, and adult)

II. TRANSPORT VEHICLE REQUIREMENTS (Section 401, F.S., and Chapter 64J-1, F.A.C. and KKK-A-1822).

1. Primary stretcher and three straps.  
2. Auxiliary stretcher and two straps.  
3. Two ceiling mounted IV holders.  
4. Two no-smoking signs.  
5. Overhead grab rail.  
6. Squad bench and three sets of seat belts.  
7. Interior lights.  
8. Exterior floodlights.  
9. Loading lights.  
10. Heat and air conditioning with fan.  
11. Word "Ambulance" - sides, back and mirror image front.

23. One flashlight with batteries.  
24. Occlusive dressings.  
25. Assorted sizes of oropharyngeal airways. Pediatric and Adult  
26. One installed oxygen with regulator gauge and wrench, minimum "M" size cylinder. (Other installed oxygen delivery systems, such as liquid oxygen, as allowed by medical director. This approval must be in writing and available to the department for review.)  
27. Sufficient quantity of gloves - suitable to provide barrier protection from biohazards for all crew members.  
28. Sufficient quantity of each for all crewmembers - Face Masks - both surgical and respiratory protective.  
29. Assorted pediatric and adult sizes rigid cervical collars as approved in writing by the medical director and available for review by the department.  
30. Nasopharyngeal airways, French or mm equivalents (infant, pediatric, and adult)  
31. One approved biohazardous waste plastic bag or impervious container per Chapter 64J-1, F.A.C.  
32. Pediatric length based measurement device for equipment selection and drug dosage

III. MEDICAL EQUIPMENT FOR TESTING (Chapter 64J-1, F.A.C., and KKK-A-1822)

1. Installed suction. (Transport only)  
Items 14, 18 and 26 in section IV must be tested.

32. One per crewmember, safety goggles or equivalent meeting A.N.S.I. Z87.1 standard.  
33. One bulb syringe separate from obstetrical kit.

IV. MEDICAL SUPPLIES AND EQUIPMENT (Chapter 64J-1, F.A.C., GSA KKK-A-1822)

1. Bandaging, dressing and taping supplies:  
a. Rolls adhesive, silk or plastic tape.  
b. Sterile gauze pads, any size  
c. Triangular bandages

34. One thermal absorbent reflective blanket.  
35. Two multi-trauma dressings.  
GENERAL SANITATION (Section 401.26(2)(c), F.S.)  
i. Vehicle and Contents ☐ Satisfactory ☐ Unsatisfactory

Comments:

<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: left;"> </div> <div style="text-align: center;"> <b>STATE OF FLORIDA</b>  <b>DEPARTMENT OF HEALTH · EMERGENCY MEDICAL SERVICES</b>  <b>ADVANCED LIFE SUPPORT VEHICLE INSPECTION REPORT (SECTION 401.31, F.S.)</b> </div> <div style="text-align: right;"> <b>HEALTH</b> </div> </div>					
<b>Service Name:</b> Century Ambulance Service		<b>Inspection Date:</b> 06/11/19		<b>Unit No.:</b> C-138	
<b>Inspection Codes:</b> 1 = Item meets inspection criteria. 1a = Item corrected during inspection to meet criteria. 2 = Items not in compliance with inspection criteria.		<b>Rating Categories:</b> 1 = Lifesaving equipment, medical supplies, drugs, records or procedures 2 = Intermediate support equipment, medical supplies, drugs, records or procedures 3 = Minimal support equipment, medical supplies, records or procedures			
<b>ALS EQUIPMENT AND MEDICATIONS</b> (Reference Chapter 64J-1, F.A.C.)					
<b>MEDICATIONS</b>	<b>WT/VOL</b>	<b>QTY</b>	<b>MEDICAL EQUIPMENT (Cont.)</b>		
1. Atropine Sulfate			1	n. Intraosseous needles 15 or 16 gauge and three way stop-cocks. As allowed by medical director.	1
2. Dextrose, 50 percent	25 gm/50ml		1	o. Syringes from 1 ml. To 20 ml.	1
3. Epinephrine HCL	1:1,000 1 mg/ml		1	p. DC battery powered portable monitor defibrillator capable of delivering energy below 25 watts/sec with adult and pediatric paddles (or pediatric paddle adapters) and EKG printout and spare battery.	1
4. Epinephrine HCL	1: 10,000 1 mg/10cc		1	q. Adult and pediatric monitoring electrodes.	1
5. Ventricular dysrhythmic			1	r. Pacing electrodes, if monitor or defibrillator requires.	1
7. Naloxone (Narcan)	1 mg/ml 2 mg amp.		1	s. Electronic waveform capnography capable of real-time Monitoring and printing record of the intubated patient	1
8. Nitroglycerin	0.4 mg spray pump		1	t. Method of blood glucose monitoring approved by medical director.	1
9. Diazepam	5 mg/ml		1	u. Pediatric length based measurement tape for equipment selection and drug dosage.	1
10. Inhalant, Beta Adrenergic agent with nebulizer apparatus, approved by medical director	In nebulizer apparatus		1	v. Approved sharps container per Chapter 64J-1, F.A.C.	1
<b>IV SOLUTIONS</b>		<b>MINIMUM AMMOUNTS</b>		w. Flexible suction catheters size 6-8, 10-12, and 14, French	One each
<b>MINIMUM QTY</b>					1
1. Lactated Ringers or Normal Saline		In any combination	1	<b>Other ALS Requirements</b>	
<b>Medical Equipment</b>			1. Standing orders – authorized by current medical director within last 24 months 2. Controlled substances stored in a locked drug compartment. 3. Controlled substance written vehicle log:		
a. Laryngoscope handle with batteries			1	A. Inventory conducted at beginning and end of shift.	
b. Laryngoscope blades, adult, child and infant sizes			1	B. Log consecutively, permanently numbered pages.	
c. Pediatric IV arm board or splint appropriate for IV stabilization			1	C. Log on each vehicle specifies:	
d. Disposable endotracheal tubes; adult, child and infant sizes (Two each within the ranges 2.5mm – 5.0mm shall be uncuffed; range 5. mm – 7.0mm: 7.5mm – 9.0mm)			1	1. Vehicle unit or number;	
e. Pediatric and adult endotracheal tube stylets.			1	2. Name of employee conducting inventory;	
f. Pediatric and adult Magill forceps.			1	3. Date and time of inventory;	
g. Device for intratracheal meconium suctioning in newborns			1	4. Name, weight, volume or quantity and expiration date of each controlled substance;	
h. Tourniquets			1	5. Run report no. (if administered);	
i. IV cannulae between 14 and 24 gauge			1	6. Each amount administered or disposed;	
j. Micro drip sets			1	7. Printed name and signature of administering Paramedic or other authorized licensed professional.	
k. Macro drip sets			1	8. Printed name and signature of person witnessing the disposal of each unused portion.	
l. IV pressure infuser			1		
m. Needles between 18 and 25 gauge			1		
<b>Comments:</b>					



## **Attachment 4**

### **Vehicle List**

RE: Century Ambulance Service, Inc.

Year	Make/Model	Complete VIN #
2014	FLT-M2	1FVACWDT2FHGG6308
2001	FL - 60	1FV6GFBC11HG81912
2016	Ford Transit 350	1FDYR2CM9GKB15130
2016	Ford Transit 350	1FDYR2CM2GKB15129
2016	Ford Transit 350	1FDYR2CM0GKB15128
2014	Mercedes Sprinter	WD3PE7CC1E5924529
2016	Ford Transit 350	1FDYR2CM7GKB15126
2014	Mercedes Sprinter	WD3PE7CC3E5924533
2014	Mercedes Sprinter	WD3PE7CC5E5924534
2014	Mercedes Sprinter	WD3PE7CC7E5924535
2014	Mercedes Sprinter	WD3PE7CC7E5926429
2014	Mercedes Sprinter	WD3PE7CC1E5925261
2014	Mercedes Sprinter	WD3PE7CC5E5925862
2016	Ford Transit 350	1FDYR2CMXGKA86026
2016	Ford Transit 350	1FDYR2CM1GKA86027
2016	Ford Transit 350	1FDYR2CM3GKA86028
2016	Ford Transit 350	1FDYR2CM6GKA86024
2016	Ford Transit 350	1FDYR2CM8GKA86025
2016	Ford Transit 350	1FDYR2CM2GKB24994
2016	Ford Transit 350	1FDYR2CM6GKB24996
2016	Ford Transit 350	1FDYR2CM8GKB24997
2016	Ford Transit 350	1FDYR2CMXGKB24998
2016	Ford Transit 350	1FDYR2CM0GKB15131
2013	Ford E250	1FTNS2EW4DDA88199
2013	Ford E250	1FTNS2EW6DDB32266
2011	FORD	1FDSS3EL1BDA78915
2011	FORD	1FDSS3EL1BDA78916
2012	Ford F350	1FDRF3GT8CEC34574
2014	Chevy CG33803	1GB6G5CL8E1159119
2009	Chevy CG33503	1GBJG316991182622
2012	Ford E450	1FDXE4FS5CDA90660
2013	Chevy CG33803	1GB6G5CL3D1184136
2014	Chevy CG33503	1GB3G2CLXE1171595
2014	Chevy CG33503	1GB3G2CL0E1158788
2008	Chevy CG33503	1GBJG316681198162
2013	Chevy CG33803	1GB6G5CL4D1160430
2012	Chevy CG33503	1GB3G2CL5C1107090
2010	Chevy CG33503	1GB6G2B61A1124068

2008	Chevy CG33503	1GBJG316981198558
2007	Chevy CG33503	1GBJG316X71254733
2013	Chevy CG33503	1GB3G2CL3D1189368
2008	Chevy CG33503	1GBJG316581215288
2008	Chevy CG33503	1GBJG316581197374
2008	Chevy CG33503	1GBJG316X81197645
2012	Chevy CG33803	1GB6G5CL1C1182772
2012	Ford F350	1FDRF3GTXCEC34575
2012	Ford F350	1FDRF3GT7CEA16416
2013	Chevy CG33503	1GB3G2CL9D1116196
2012	Chevy CG33803	1GB6G5CL3C1180327
2012	Chevy CG33803	1GB6G5CL6C1178331
2012	Chevy CG33803	1GB6G5CL2C1180013
2012	Chevy CG33803	1GB6G5CL3D1129833
2012	Chevy CG33803	1GB6G5CL2C1180139
2007	Chevy CG33503	1GBJG316071253543
2010	Chevy CG33803	1GB9G5B63A1124085
2010	Chevy CG33503	1GB6G2B64A1112898
2016	Ford Transit 350	1FDYR2CM9GKB15127
2010	Chevy CG33503	1GB6G2B68A1125203
2010	Chevy CG33503	1GB6G2B63A1112813
2009	Chevy CG33503	1GBJG316491180096
2009	Chevy CG33503	1GBJG316691180858
2012	Ford E450	1FDXE4FS0CDA79811
2012	Ford E450	1FDXE4FS2CDA79812
2014	Chevy CG33503	1GB3G2CL3E1198086
2014	Chevy CG33503	1GB3G2CL2E1170005
2014	Chevy CG33504	1GB3G2CL1E1161103
2014	Chevy CG33505	1GB3G2CLXE1160919
2014	Chevy CG33506	1GB3G2CL1E1171338
2014	Chevy CG33507	1GB3G2CL2E1171302
2009	Chevy Express 3500	1GBKG316191131300
2007	Chevy Express 3500	1GBJG316071229646
2006	Ford F350	1FDWF36P46EA60661
2006	Ford F350	1FDWF36P26EA60660
2012	Ford E-450	1FDXE4FS5CDA55875
2006	Ford F-350	1FDWE35P66DA86138
2013	Ford F350	1FDWE3FS6DDA77889
2004	Ford F350	1FDWF36PO4ED48545
2006	Ford F350	1FDWF36PX6EAO3736
2015	Dodge Caravan	2C4RDGBG0FR685923
2012	Dodge Caravan	2C4RDGBG3CR226090
2013	Dodge Caravan	2C4RDGBG8DR599286
2013	Dodge Caravan	2C4RDGBG4DR780997
2013	Dodge Caravan	2C4RDGBG6DR617185
2019	Ford Transit	1FDYR2CM4KKA02422
2019	Ford Transit	1FDYR2CM2KKA02421
2018	Ford E350	1FDWE3FSXJDC36604

2006	Ford E350	1FDWE3FS0CDA55868
2019	Ford Transit	1FDYR2CM4KKA07362
2019	Ford Transit	1FDYR2CM6KKA07363
2019	FLT-6.7L	3ALACWFC8KDKU3196
2015	Ford Transit 350	1FBZX2CM4FKB01346
2007	Ford E250	1FTNE14W97DB26971



## **Attachment 5**

### **State License**





STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
BUREAU OF EMERGENCY MEDICAL OVERSIGHT

ADVANCED LIFE SUPPORT SERVICE LICENSE

This is to certify that: CENTURY AMBULANCE SERVICE, INC. Provider Number # 1614  
Name of Provider

2110 HERSCHEL STREET, JACKSONVILLE, FLORIDA 32204  
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

BAKER; BAY; BRADFORD; BROWARD; CLAY; COLUMBIA; DUVAL; FLAGLER; MADISON; NASSAU; PUTNAM; ST. JOHNS; SUWANNEE;  
UNION  
County (s)

A handwritten signature in blue ink, appearing to read "Steve A. McCoy".

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

**THIS CERTIFICATE EXPIRES ON: 09/14/2021**

This certificate shall be posted in the above mentioned establishment





## **Attachment 6**

### **Letter of Agreement for Assistance**



November 4, 2020

Assistant Fire Chief Greg Rolland  
Nassau County Fire Rescue  
96160 Nassau Place  
Yulee, FL 32097

Dear Sir,

This letter is in response to Century Ambulance Service's Certificate of Public Convenience and Necessity (COPCN) request and the requirement of the COPCN application. Should a temporary situation arise which poses a serious or imminent threat to the public health, safety, welfare, or public need and convenience, Century Ambulance Service agrees to assist and will abide by the orders of the Fire Chief.

Sincerely,



Matthew Johnson  
General Manager



## **Attachment 7**

### **Rates Schedule**



## Century Standard Rates

Ambulance Mileage	A0425	Jacksonville Region	15.45
ALS-NE Base	A0426	Jacksonville Region	795.68
ALS-E Base	A0427	Jacksonville Region	965.63
BLS-NE Base	A0428	Jacksonville Region	742.63
BLS-E Base	A0429	Jacksonville Region	778.68
SCT Base	A0434	Jacksonville Region	1,529.55
Oxygen	N/A	Jacksonville Region	35.00
Ambulance Wait Time	N/A	Jacksonville Region	82.50