# STATE OF FLORIDA DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES EMERGENCY MEDICAL SERVICE ADVANCED LIFE SUPPORT

• • •	SERVICE APPLICATION	
TYPE OF APPLICATION:	NewRenewal_X_(check one)	. 34

			Transi	port X Non-T	ranspor	t (ch	eck One)	
1.	Mailing	ALS Ser Address NASSAU	11 N. 14	SAU COUNTY EMS TH STREET, BOX	12	Ci	te 11/08/9 ty FERNAND e 32034	INA BEACH
1	Busines	s Phone Ownersh	Number	(904 ) 261-59 ., Private, C	62 Lity, Co			
2.	Manager	's Name	PENNY RAU	, INTERIM DIRE	CTOR			<del></del>
3.	Mailing	Address	17	DR. FARI DR. FARI DR. FARI DR. FARI	r, unit 4	City_F	ERNANDINA 1	ВЕАСН
4.	Provide holders	name of (if a c	Owner()	s) or list alion).	Ll Offic	cers, Di	rectors a	nd Share
	<u>NAME</u>			<u>ADDRESS</u>			POSITION	
		- <u>-</u>						
		<del></del>						<del></del>
DEPAI RESCI	and all RTMENT OF UE 21, 169 UE 22, 56 UE 23, RT.	substat EMERGENCY O LIME STR 10 FIRST O 3, BOX 37	ions (a SERVICES, EET, FERN OAST HIGH O, YULEE,	ttach seperation to the seperation of the separation of the separa	te sheet ST., BOX FLORIDA 3 A BEACH,	t if nee 12, FERNA 2034 FLORIDA 32	ied). INDINA BEAC	H, FL. 32034
		e county				- <u></u>		;
	- <del></del>							
								<u> </u>
COWM	UNICATIO	NS						
7.	Radio P Radio C	requency	(s) SE	E ATTACHMENT E ATTACHMENT			· · · · · · · · · · · · · · · · · · ·	
٤.				als with whi parate sheet			est radio	communi-
	SAIL GENERAL						BASE STA	
_UNI	ERSITY HOS	SPITAL - J	ACKSONVIL	LE, FL.		<u> </u>		
		*						

HRS FORM 1037, MARCH 88 (Replaces previous editions)

Chairman

this application are true and correct. applicable Rule. To the best of my imowledge, all statements on ratives to corrective action and penalty provided in the act and trapection witl subject this Service and it's authomized represent-Code. I further acimowledge any discrepancies discovered by the III, Ficrida Statutes and Chapter 100-66, Ficrida Administrative an ambulance service in the state as provided in Chapter 401, Part errest my service meers all of the requirements for operation of I, the udersigned representative of the above service, do hereby

en a 24-hour, 7-day week basis. i hereby certify that this service will provide continuous service

of coverage must be shown on policy. Hust De Insurance vertitication (by copy of policy) - limits 6# THEMEDATER

Vehicle Permit Applications. ATTACHMENT #5

Vehicle Roster (FRS Form 631C). P# INGMEDULET

.(.ote ,tameement, etc.). FTTACHMENT #3

Verification of Medical Director employment, (i.e.,

maintain a service location). Necessity (For each county in which you Certificate of Public Convenience and S# TNEMHIATTA

of PMT's and Paramedics (HRS Form 631D). Section 10D-66, F.A.C. submit a personnel roster bytence with statiing requirement set forth in

Description of the staffing patterns to assure com-I # TNEMHDATTA

> Attach the following: .01

rizing this exemption. If no, you must include a letter from the Medical Director autho-

between your peramedics and supervising physician(s)? Yes NoXX Does your communications system provide biotelemetry capability

- 5. RESCUE 24, RT. 3, BOX 332, HILLIARD, FLORIDA 32046
  RESCUE 25, 460 SOUTH BOOTH STREET, CALLAHAN, FLORIDA 32011
- 8. FROM ALS VEHICLE

  METHODIST HOSPITAL, JACKSONVILLE FLORIDA

  BAPTIST MEDICAL CENTER, JACKSONVILLE, FLORIDA

  RIVERSIDE HOSPITAL, JACKSONVILLE, FLORIDA

  ST. VICENTS, JACKSONVILLE, FLORIDA

  CHARLTON MEMORIAL HOSPITAL, FOLKSTON, GEORGIA

  MEMORIAL MEDICAL CENTER, JACKSONVILLE, FLORIDA

  JACKSONVILE MEDICAL CENTER, JACKSONVILLE, FLORIDA

  ST. LUKE'S HOSPITAL, JJACSKONVILLE, FLORIDA

  HUMANA HOSPITAL, ORANGE PARK, FLORIDA

  NAVAL AIR STATION, ROOSEVELT BLVD., JACKSONVILLE, FLA.

  BEACHES BAPTIST HOSPITAL, JACKSONVILLE, FLORIDA

  GILMAN'S HOSPITAL, ST. MARY'S, GEORGIA

name o	F FIRM NASSAU COUNTY EMS		·			
BUSINE	SS ADDRESS 11 NORTH 14TH	STREET,	BOX 12			
CITY	FERNANDINA BEACH		ZIP CODE	32034	_COUNTY	NASSAU
1.	TYPE OF APPLICATION: aNew		ь.	X_Ren	ewal	
	c. Replacement	- replace	s old vehic	cle describe	d as:	
-	<u> </u>	IAKE	YEAR	V.I.N.	·	
2.	TYPE OF VEHICLE PERMIT:  a. ALS XX Transport Non-Trans		b.	BLS	<del></del>	
3.	VEHICLE · DATA: Make CHEVY	Model	C-30	Mileage	88562.9	
	Year 1984	Florida	Tag # 8085	4		
	Current Vehicle Permit Nur	nber (ALS)	3647	or, (BLS)	<del></del>	
	V.I.N. 1CBJC34WXEV1372	94				
4. payabl	ENCLOSE PERMIT FEE: Please to Emergency Medical Serv		send cash.	Checks sho	ould be ma	ıde
all eq 66, F. vehicl quanti affirm	e undersigned representative quipment and medical supplication. A.C., are currently presente. I also affirm that the lities will be continuously at that the above described cordance with Chapter 401,	es require t and in v equipment maintained vehicle w	ed by Chapt working ord t and medic d at the sp ill be staf	er 401, F.S er on the al al supplies ecified leve fed, during	and Chap bove descr in the re el. I fur its opera	oter 10D- ribed equired other
JIMM	Y L. HIGGINBOTHAM	•	ì	CHAIRMAN		
Name	(Printed)			Position		1
·(	Join 2 / sis cons	IL	7 ·	(  -19 -	90	
Signal	tuze /			Date		

FALSE OFFICIAL STATEMENTS: 837.06 F.S.: Whoever, knowlingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be quilty of a misdemeanor of the second degree.

SUSINESS ADDRESS 11 NORTH 14TH STREET, BOX 12  CITY FERNANDINA BEACH ZIP CODE 32034 COUNTY NASSAU  L. TYPE OF APPLICATION: a. New b. X Renewal  c. Replacement - replaces old vehicle described as:  HAKE YEAR V.I.N.  2. TYPE OF VEHICLE PERMIT: a. ALS XX Transport b. BLS Non-Transport  3. VEHICLE DATA: Make CHEVROLET Model C -30 Mileage 103934.3  Year 1984 Florida Tag # 003651  Current Vehicle Permit Number (ALS) 003651 or, (BLS)  V.I.N. 1GBJC34W4EV121835
TYPE OF APPLICATION:  a. New b. X Renewal  c. Replacement - replaces old vehicle described as:  MAKE YEAR V.I.N.  TYPE OF VEHICLE PERMIT:  a. ALS XX Transport b. BLS  Non-Transport  VEHICLE DATA:  Make CHEVROLET Hodel C -30 Mileage 103934.3  Year 1984 Florida Tag # 003651  Current Vehicle Permit Number (ALS) 003651 or, (BLS)
A. New b. X Renewal  C. Replacement - replaces old vehicle described as:    MAKE YEAR V.I.N.
MAKE   YEAR   V.I.N.
## HAKE YEAR V.I.N.  TYPE OF VEHICLE PERMIT:  a. ALS XX Transport b. BLS Non-Transport  VEHICLE DATA:  Make CHEVROLET Hodel C -30 Mileage 103934.3  Year 1984 Florida Tag # 003651  Current Vehicle Permit Number (ALS) 003651 or, (BLS)
. TYPE OF VEHICLE PERMIT:  a. ALS XX Transport b. BLS Non-Transport  VEHICLE DATA:  Make CHEVROLET Hodel C -30 Mileage 103934.3  Year 1984 Florida Tag # 003651  Current Vehicle Permit Number (ALS) 003651 or, (BLS)
. TYPE OF VEHICLE PERMIT:  a. ALS XX Transport b. BLS Non-Transport  . VEHICLE DATA:  Make CHEVROLET Hodel C -30 Mileage 103934.3  Year 1984 Florida Tag # 003651  Current Vehicle Permit Number (ALS) 003651 or, (BLS)
a. ALS XX Transport b. BLS Non-Transport  VEHICLE DATA: Make CHEVROLET Hodel C - 30 Mileage 103934.3  Year 1984 Florida Tag # 003651  Current Vehicle Permit Number (ALS) 003651 or, (BLS)
Non-Transport  VEHICLE DATA: Make CHEVROLET Hodel C -30 Mileage 103934.3  Year 1984 Florida Tag # 003651  Current Vehicle Permit Number (ALS) 003651 or, (BLS)
VENICLE DATA:         Make CHEVROLET       Hodel C - 30       Mileage 103934.3         Year 1984       Florida Tag # 003651         Current Vehicle Permit Number (ALS) 003651       or, (BLS)
MakeCHEVROLET         HodelC30         Mileage103934.3           Year1984         Florida Tag #003651           Current Vehicle Permit Number (ALS)003651         or, (BLS)
Current Vehicle Permit Number (ALS) 003651 or, (BLS)
Current Vehicle Permit Number (ALS) 003651 or, (BLS)
V.I.N. IGBJC34W4EV121835
$\cdot$
. ENCLOSE PERMIT FEE: <u>Please do not send cash</u> . Checks should be made ayable to Emergency Medical Services.
, the undersigned representative of the above named firm, do hereby affirm that 11 equipment and medical supplies required by Chapter 401, F.S. and Chapter 1016, F.A.C., are currently present and in working order on the above described whicle. I also affirm that the equipment and medical supplies in the required quantities will be continuously maintained at the specified level. I further affirm that the above described vehicle will be staffed, during its operation, an accordance with Chapter 401, F.S. and Chapter 100-66, F.A.C.
JIMMY L. HIGGINBOTHAM CHAIRMAN
lame (Printed) Position
an 2 Horalth 11-19-90
Signature
FALSE OFFICIAL STATEMENTS: 837.06 F.S.: Whoever, knowlingly makes a false stat

in writing with the intent to mislead a public servant in the performance of his

official duty shall be quilty of a misdemeanor of the second degree.

NAME OF FIRM NASS	AU COUNTY EMS  11 NORTH 14TH STREET	ROY 12			<u> </u>
BUSINESS ADDRESS		ZIP CODE	32034	COUNTY	NASSAU
TYPE OF API	PLICATION:		X Re	newal	
c	Replacement - repla	aces old veh	icle describ	ed as:	
-	MAKE	YEAR	V.I.N.		
a. ALS	IICLE PERMIT:  XX Transport  Non-Transport	b.	BLS		
. VEHICLE · DA Make <u>f</u>		XL350	Mileag	e5438	38.8
Year1	987Flori	da Tag # <u>6</u>	3441		
Current Ve	hicle Permit Number (A	rs) <u>0036</u>	48 or, (BLS)		····
V.I.N.	1FDK37L8HNA80201				
payable to Emerge	RMIT FEE: <u>Please do n</u> ncy Medical Services.	: ·			•
all equipment and 56, F.A.C., are ovehicle. I also quantities will b affirm that the a	d representative of the medical supplies requiremently present and is affirm that the equipment continuously maintain the described vehicles to the chapter 401, F. S. a	tired by Chap in working of nent and med ined at the a will be st	pter 401, F.S rder on the a ical supplies specified lev affed, during	6. and Chap above descr 6 in the ro vel. I fun 5 its opera	pter 10D- ribed equired rther
JIMMY L. HIGGIN	BOTHAM	I	CHAIRMAN	•	
Name (Printed)	11	<u> </u>	Position	n	
Carin (	2 losalt	/	11-19	-90	
Signature	C (4 / X, V)		Date		
FALSE OFFICIAL S	FATEMENTS: 837.06 F.S	. r Whoever,	knowlingly m	akes a fal	se stateme

in writing with the intent to mislead a public servant in the performance of his

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	IESS ADDRESS 11 NORTH 14TH STR	REET, BOX 12	
CITY_	FERNANDINA BEACH	ZIP CODE 32034 COUNTY NASSA	AU
1.	TYPE OF APPLICATION:	v	
ı	a. New	b. X Renewal	
	c. Replacement - r	eplaces old vehicle described as:	
	MAKE	YEAR V.I.N.	·
2.	TYPE OF VEHICLE PERMIT:  a. ALS XX Transport Non-Transpor	b. BLS	
3.	VEHICLE · DATA: Make FORD Mo	odel F-350 Mileage 56234.5	
		orida Tag # 97326	
	Current Vehicle Permit Number AWAITING PERMIT APPLICATION V.I.N. 1FDKE37MFJNB183	N SENT IN NOVEMBER 06, 1990	
4. paya	ENCLOSE PERMIT FEE: Please of ble to Emergency Medical Service	do not send cash. Checks should be made	1
all 66, vehi quar affi	equipment and medical supplies of F.A.C., are currently present and cle. I also affirm that the equalities will be continuously main	f the above named firm, do hereby affirm the required by Chapter 401, F.S. and Chapter 1 and in working order on the above described uipment and medical supplies in the requirentained at the specified level. I further icle will be staffed, during its operation, S. and Chapter 10D-66, F.A.C.	0D- :d
in e			
	MMY L. HIGGINBOTHAM	CHAIRMAN	
JII	MMY L. HIGGINBOTHAM e (Printed)	CHAIRMAN Position	
JII			
JII		Position	
J11			

in writing with the intent to mislead a public servant in the performance of his

official duty shall be quilty of a misdemeanor of the second degree.

name o	F FIRM NASSAU COUNTY EMS	<u> </u>		
BUSINE	SS ADDRESS 11 NORTH 14TH STREET	, BOX 12		
CITY	FERNANDINA BEACH	ZIP CODE_	32034 COUNTY NASSAU	
1.	TYPE OF APPLICATION:  a. New	<b>b.</b>	X Renewal	
	c. Replacement - repla	ces old vel	hicle described as:	
-	MAKE	YEAR	V.I.N.	
2.	TYPE OF VEHICLE PERMIT:  a. ALS XX Transport Non-Transport	ь.	BLS	
3.	VEHICLE · DATA: Make FORD Model	F-350	Mileage 101676.3	
	Year 1984 Floric	la Tag #	80849	
	Current Vehicle Permit Number (AI	LS)	or, (BLS) MBER 06. 1990	
	V.I.N. 1FDK30L5EH898388	WI IN HOVE	·	
4. payab	ENCLOSE PERMIT FEE: Please do no le to Emergency Medical Services.	ot send cas	th. Checks should be made	,
all e 66, F vehic quant affir	e undersigned representative of the quipment and medical supplies requently, are currently present and itself it is a supplied to a supplied the equipment of the supplication of the continuously maintains that the above described vehicle cordance with Chapter 401, F. S. a	ired by Cha n working o ent and med ned at the will be st	apter 401, F.S. and Chapter 10D- order on the above described dical supplies in the required specified level. I further taffed during its operation,	<b>-</b> :
JIMM	Y L. HIGGINBOTHAM	,	CHAIRMAN	
Name	(Printed)	)	Position	•
(			2	
	Jany J 10 Solth	<u>ر</u>	11-19-90	
Signa	ityre		Date	
FALSE	OFFICIAL STATEMENTS: 837.06 F.S.	: Whoever,	knowlingly makes a false state	men

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NAME OF FIRM NASSAU COUNTY EMS							
BUSINESS ADDRESS 11 NORTH 14TH STREET	, BOX 12						
CITY FERNANDINA BEACH	ZIP CODE 32034 COUNTY NASSAU						
1. TYPE OF APPLICATION:  aNew	b. X Renewal						
c. Replacement - repla	ces old vehicle described as:						
MAKE	YEAR V.I.N.						
2. TYPE OF VEHICLE PERMIT:  a. ALS XX Transport  Non-Transport	b. BLS						
3. VEHICLE · DATA:  Make FORD Model	F350 Mileage 12822.2						
Year 1988 Florida Tag # 97311							
Current Vehicle Permit Number (AL	LS) XXX or, (BLS)						
V.I.N. 1FDKF37MOJNB52040							
4. ENCLOSE PERMIT FEE: Please do no payable to Emergency Medical Services.	ot send cash. Checks should be made						
all equipment and medical supplies requience, F.A.C., are currently present and in	ent and medical supplies in the required ned at the specified level. I further will be staffed, during its operation,						
JIMMY L. HIGGINBOTHAM	CHAIRMAN						
Name (Printed)	Position						
	.1 16 9 ~						
Signature U)	11-19-90 Date						

FAUSE OFFICIAL STATEMENTS: 837.06 F.S.: Whoever, knowlingly makes a false statement in writing with the intent to mislead a public servant in the performance of his

official duty shall be quilty of a misdemeanor of the second degree.

NAME OF	FIRM NASSAU COUNTY EMS				
BUSINES	S ADDRESS 11 NORTH 14TH STREET,	BOX 12			
CITY_F	FERNANDINA BEACH	ZIP CODE_	32034 COUNTY NASSAU		
1.	TYPE OF APPLICATION:		•		
1	a. New	ь.	X Renewal		
	c. Replacement - replac	es old veh	icle described as:		
	MAKE	YEAR	V. I. N.		
2.	TYPE OF VEHICLE PERMIT:				
	a. ALS XX Transport Non-Transport	ь.	BLS		
3.	VEHICLE · DATA :				
	Make FORD Model	F350 XL 7	.3 L Mileage		
Year 1991 Florida Tag #					
	Current Vehicle Permit Number (AL	s)	or, (BLS)		
	v.i.n. 1FDKF37MLNB42856				
4.					
	ENCLOSE FERMIT FEE: Please do no e to Emergency Medical Services.	c seno cas	ti. Checks should be made		
all equality of the second sec	undersigned representative of the uipment and medical supplies requi A.C., are currently present and in e. I also affirm that the equipme ties will be continuously maintain that the above described vehicle ordance with Chapter 401, F. S. an	red by Cha working o nt and med ed at the will be at	pter 401, F.S. and Chapter 10D- rder on the above described ical supplies in the required specified level. I further affed during its operation,		
JIMMY	L. HIGGINBOTHAM	•	CHAIRMAN		
	Printed)	· ·	Position		
	som 2 trall	·	11-19-90		
Signat	white /		Date		

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