

**ST. LUCIE COUNTY CERTIFICATE OF PUBLIC  
CONVENIENCE AND NECESSITY APPLICATION**

1. Applicant's name: Secure Transportation Company of FL, LLC

Address: 6937 NW. LTC Parkway Port St. Lucie, FL 34986

Phone: (800) 856-9994

2. Applicant's Business is a ( ) Sole Proprietorship  
( ) Partnership ( ) Corporation

If Applicant is a partnership list the name and address of each partner:

Name: Address:

If Applicant is a corporation list the Name and Address of the following:

Name: Secure Transportation Company Inc.

Address: 434 E. Broadway Long Beach, CA 90802

President: Steve Dobbs

V. President: Anne Marin

Secretary:

Treasurer:

Date of Incorporation: 5/11/2012

Place of Incorporation: CA

(If Applicant is doing business under a fictitious name, please attach evidence of compliance with Section 865.09, Florida Statutes.)

3. Applicant's Medical Director: **N/A**

Address:

Phone:

4. Please attach a personnel roster which includes the names of all Applicant's employees, position held, the relevant licenses held by the employee and the license numbers and expiration dates, as required by the State of Florida.  
**- Please review the attached personnel roster.**
5. Please attach a vehicle roster which describes all vehicles Applicant proposes to use in St. Lucie County as well as the relevant license and registration numbers.  
**- Please review the attached vehicle roster.**
6. Please list how you handle radio communication from your base of operation in St. Lucie County to your vehicles and/or personnel out in the field of operation.  
**- Radio Communication is handled by personnel via cell phone.**
7. Please attach a current financial statement which includes a statement regarding whether Applicant receives Federal or other Public funds. If Applicant is a governmental unit, please provide statement of funds budgeted for this service.  
**- Please review the attached financial statement.**
8. Name of Applicant's insurance carrier and amount of liability coverage.  
**- Please Review attached Certificate of Insurance.**
9. Area (s) proposed to be served by Applicant:  
**- All of St. Lucie County\_ ( Please review the attached Map\_)**
10. Address of base of operation from which the proposed area (s) are intended to be served: (If the relevant base of operation has not been established, please indicate and describe the general area proposed for the location of the base of operation.) - **6937 LTC Parkway Port St. Lucie, FL 34986**
11. Proposed rate schedule: Please provide schedule of all rates for service currently applicable: (In addition, please indicate whether applicant is willing to provide indigent transport service and community service during any emergencies).  
**- Rates : Ambulatory Transport \$30.00 pick up fee \$2.50 per mile / Wheelchair Transport \$40.00 pick up fee \$2.50 per mile**

12. Please provide detailed information on how you will affect existing services in the following areas: (a) cost, (b) quality of care, (c) availability (24 hour operation).  
**View attached detailed information sheet.**
13. Date Applicant applied for or received license and permit (s) as required by Chapter 401, Florida Statutes and any applicable rules. (If license and permit(s) have been obtained, please attach copies. If not, please attach copy of completed application for the license and permit(s). **N/A - CPR / First Aid Cards attached**
14. Please provide a narrative history of Applicant's company. At a minimum please include: (a) three personal reference, (b) completed training and certificates, (c) experience and personal integrity, (d) areas previously and/or currently served, (e) hospitals or other entities previously or currently served, (f) names and length of employment of key employees.  
**- Please review attachment.**
15. On a separate sheet, please provide a justification for your application. Any relevant support documentation should be attached such as area survey you may have conducted, growth studies, population studies, needs assessment.  
**We are currently contracted with Molina Healthcare of Florida to provide Transportation for Medicaid participants. We are anticipated to conduct over 2,000 trips in Region 9. We have also opened up an office in St.Lucie to support the operation.**
16. Written documentation of a background check performed by the Florida Department of Law Enforcement (FDLE) on each of the applicant's personnel.  
**- Please review FDLE - Criminal History Information/ Background checks attached.**
17. Please list any other Counties in the State of Florida or other States in which the applicant holds a Certificate of Public Convenience and Necessity.  
**- Miami Dade / Broward / West Palm Beach**
18. Classification applying for:  E

Date:  3/29/2017

  
Signature of Applicant  
**ANNE MARIN**

# ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California  
County of Los Angeles

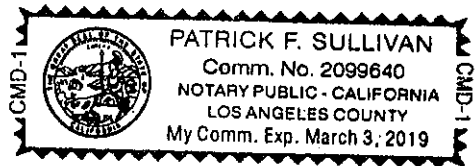
On MARCH 29, 2017 before me, Patrick F. Sullivan, Notary Public  
(insert name and title of the officer)

personally appeared ANNE MARIN  
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature Patrick F. Sullivan (Seal)



CALIFORNIA

STATE OF FLORIDA

COUNTY OF LOS ANGELES

The foregoing instrument was acknowledged before me  
this 29<sup>th</sup> day of MARCH, 19     , by  
as \_\_\_\_\_ for \_\_\_\_\_.

Notary Public, State of Florida












Personally Known \_\_\_\_\_, or Produced Identification \_\_\_\_\_,

Type of Identification Produced \_\_\_\_\_.

Branch	CDLNumber	EmpFirstName	EmplLastName	EmpMiddleInitial	EmpTitle	LicenseClassification
FL02	C432-557-58-219-0	Michael	Childs	S	Regional Director-FL	E
FL09	R200-533-82-769-0	Lisa	McMullen	M	Dispatcher	E
FL09	M660-673-56-282-0	Pedro	Marrero	M	Operations Supervisor	E
FL09	M460939791370	William	Miller Jr	W.	Lift Van Driver	E
FL09	C614170933760	David	Curbelo	J.	Lift Van Driver	E
FL09	H6167285970	Rosemary	Herbert	H	Lift Van Driver	E
FL09	M550480353020	Joseph	Mammano	S.	Ambulatory Driver	E
FL10	R200-873-84-448-0	Vincent	Russo	M	Operations Supervisor	E

# Fleet Vehicles Information

[Contacts](#)[Reservation](#)[Sche](#)[NEW VEHICLE](#)[GENERAL](#)[LIST VIEW](#)

Div	Number	Type	Plate	VIN #	Model Year	Make	Model
 FL09	V-349	Lift-Van	ENXK56	1FTNE1CM3FKB05706	2015	Ford	E150 Transit
 FL09	V-350	Lift-Van	ERWS58	1FTNE1CMXFKB05718	2015	Ford	E150 Transit
 FL09	V-351	Lift-Van	ERWS57	1FTNE1CM7FKB05711	2015	Ford	E150 Transit
 FL09	V-352	Lift-Van	ERWS68	1FTNE1CM2FKB05714	2015	Ford	E150 Transit
 FL10	V-359	Lift-Van	ERWS61	1FTNE1CM2FKB29138	2015	Ford	E150 Transit
 FL10	V-360	Lift-Van	ERWS60	1FTNE1CM0FKB29137	2015	Ford	E150 Transit
 FL09	S-108	Hybrid Sedan	GCNY43	3FA6P0LU8GR256729	2016	Ford	Fusion SE
 FL09	S-118	Hybrid Sedan	GLPE21	3FA6P0LU4GR277559	2016	Ford	Fusion SE
 FL09	S-119	Hybrid Sedan	GLPE23	3FA6P0LU0GR277557	2016	Ford	Fusion SE
 FL09	S-120	Hybrid Sedan	GLPE20	3FA6P0LU2GR277558	2016	Ford	Fusion SE
 FL09	S-121	Hybrid Sedan	GLPE22	3FA6P0LU7GR267091	2016	Ford	Fusion SE

**Consolidated Balance Sheet****Sep 30, 2016****ASSETS****Current Assets**

Checking/Savings	-199,787
Accounts Receivable	
Accounts Receivable	8,925,756
Allowance for Doubtful Accounts	<u>-33,808</u>
Total Accounts Receivable	8,891,948
Deposits	98,124
Undeposited Funds	24,322
Loans Receivable	
Employees	<u>68,076</u>
Total Loans Receivable	68,076
Prepaid Expenses	88,191
Employee Advances	54,535
Fuel Credit Receivable	<u>92,676</u>
Total Other Current Assets	<u>425,924</u>
Total Current Assets	9,118,086

**Fixed Assets****Fixed Assets**

Office Equipment	843,327
Radios/Cellulars	44,721
Automotive	2,301,560
Leasehold Improvements	299,601
Repair Shop	31,784
Telecommunications	<u>624,362</u>
Total Fixed Assets	4,145,356
Less Accumulated Depreciation	<u>-1,551,120</u>

Total Fixed Assets 2,594,235

**Other Assets**

Captive Common Stock	100
Captive Interest Investment	<u>367,057</u>

Total Other Assets 367,157**TOTAL ASSETS** 12,079,478**LIABILITIES & EQUITY****Liabilities****Current Liabilities**

Accounts Payable	3,675,314
Credit Cards	408,202

**Other Current Liabilities**

Bank Line of Credit	0
Customer Pass Through Expense	-9,893
Payroll Liability	1,303,629



Deferred Rent	13,896
Gift Certificates Outstanding	0
Accrued WC & Auto Ins.	815,051
State Inc Tax Payable	10,416
Current Maturities	<u>407,672</u>
<b>Total Other Current Liabilities</b>	<u>2,540,771</u>
<b>Total Current Liabilities</b>	<u>6,624,287</u>
<b>Long Term Liabilities</b>	
Loans Payable Shareholders	-400
Financing Long Term	
Vehicle	1,086,290
Telecom	256,451
<b>Total Financing Long Term</b>	<u>1,349,726</u>
<b>Less Current Maturities</b>	<u>-407,672</u>
<b>Total Long Term Liabilities</b>	<u>941,655</u>
<b>Total Liabilities</b>	<u>7,565,942</u>
<b>Equity</b>	
Common Stock	24,750
Shareholder Distributions	-642,477
Retained Earnings	2,126,545
Net Income	<u>3,004,718</u>
<b>Total Equity</b>	<u>4,513,536</u>
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<u><u>12,079,478</u></u>

This has been reviewed internally by the Chief Financial Officer of Secure Trans  
Purchase and lease of fixed assets have averaged \$3-\$3.5 million per year.

David Kurtz, CFO, Secure Transportation Company, Inc.

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

02/28/2017

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 The Dougherty Company, Inc. P.O. Box 7277 Long Beach, CA 90807 Joe Castro	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS: <b>sylvia@doughertyins.com</b>	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A : <b>National Union Fire Ins Co</b>	NAIC # <b>19445</b>
	INSURER B : <b>Lloyd's of London</b>	<b>112300</b>
	INSURER C : <b>Lexington Insurance Co.</b>	<b>19437</b>
	INSURER D : <b>Liberty Mutual Ins Co</b>	<b>23035</b>
	INSURER E : <b>Bridgefield Casualty Ins Co</b>	<b>10335</b>
	INSURER F :	

**COVERAGES**                      **CERTIFICATE NUMBER:**                      **REVISION NUMBER:**

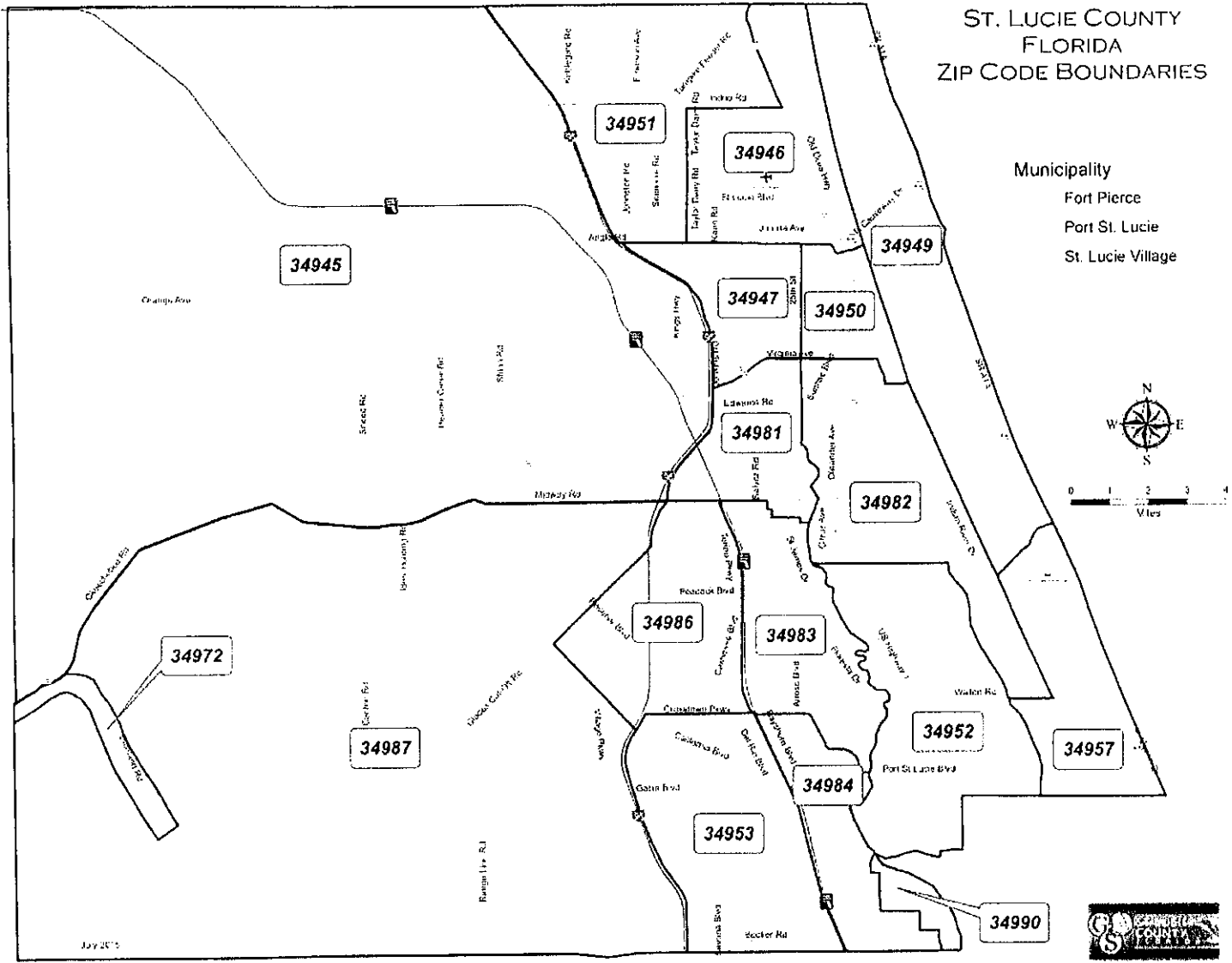
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 SUBR INSR   WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	GENERAL LIABILITY					EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY		MEO1359122.16	04/01/2016	04/01/2017	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/> Professional Liab		MEO1359122.16*	04/01/2016	04/01/2017	PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$ 1,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					PRODUCTS - COMP/OP AGG \$ 1,000,000
						*\$3M/\$5M \$
A	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO		CA4489658	04/01/2016	04/01/2017	BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (PER ACCIDENT) \$
						\$
C	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR					EACH OCCURRENCE \$ 4,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		021391601	04/01/2016	04/01/2017	AGGREGATE \$ 4,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000					\$
E	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	196004264	04/01/2016	04/01/2017	E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
						E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Property Section		BFW56937841	08/01/2016	08/01/2017	Property: 160,000 Bus Incme 12 Mos ALS

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

\*\*\*Verification of coverage\*\*

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
TOWHO-1	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
VERIFICATION OF COVERAGE	AUTHORIZED REPRESENTATIVE
	<i>J. Castro</i>





## St. Lucie Transportation Rates

Ambulatory Transportation	\$30.00 Pick Up Fee \$2.50 Per Mile Fee
Wheelchair Transportation	\$40.00 Pick Up Fee \$2.50 Per Mile Fee
Wait Time	\$60.00 Per Hour in 15 Min increments * First 15 Mins. Free
Pharmacy Stop	\$5.00 when immediately after appointment
After Hours	\$5.00 Added to pick up fee for Services before 7am or after 7pm

Secure Transportation is willing to provide indigent transport services and community service during an emergency.

T 800-856-9994  
F 562-906-2947  
434 E. Broadway  
Long Beach, CA 90802

[securetransportation.com](http://securetransportation.com)

***Driven to Excellence.***

TCP-2066



### **Detailed Information**

Secure Transportation's mission is to exceed our customer's expectations by being the safest, most reliable, cost-effective supplier of quality non-emergency medical transportation.

We ensure that high standards of ethical conduct, health, safety and environmental protection are enforced and observed at all times.

We have courteous, caring professionals that are standing by to assist our customers 24 hours a day 7 days a week for any transportation requests that they may have. Please review the rate sheet attached for transportation costs.

Thank you.

T 800-856-9994  
F 562-906-2947  
434 E. Broadway  
Long Beach, CA 90802

[securetransportation.com](http://securetransportation.com)

***Driven to Excellence.***

TCP-2066

**BLS INSTRUCTOR BLS INSTRUCTOR**

**BLS Instructor**



PEEL  
HERE

Pedro M. Marrero  
This card certifies that the above individual is an American Heart Association Basic Life Support (BLS) Instructor.

Issue Date: April 2016  
Expiration Date: April 2018

TC Alignment: Life Beat, Inc. TC ID # FL 20191  
TC Address: Pompano Beach, FL 33060  
TC City: State 54-942-3436 ZIP

Instructor ID # 04160460614

Holder's Signature: *Pedro M Marrero*  
© 2011 American Heart Association. Expiration date may vary by jurisdiction. 90-1800

This card contains unique security features to protect against forgery.

90-1800 3/11

**HEARTSAVER FIRST AID CPR AED**

**Heartsaver® First Aid CPR AED**



PEEL  
HERE

Pedro M. Marrero  
This card certifies that the above individual has successfully completed the objectives and skills evaluations in accordance with the curriculum of the AHA Heartsaver First Aid CPR AED Program. Optional completed modules are those NOT marked out:  
Child CPR AED Infant CPR Written Test

Issue Date: 03/20/2016  
Recommended Renewal Date: 03/2018

**HEARTSAVER FIRST AID CPR AED**

Training Center Name: Superior Life Support TC ID # RA20619  
TC 28494 Westinghouse Place Suite 304  
Info Valencia, CA 91355 (661) 607-0344

Course Location: Secure Transportation

Instructor Name: Luis Galvan 08150356972 Inst. ID #

Holder's Signature: *Pedro M Marrero*  
© 2011 American Heart Association. Expiration date may vary by jurisdiction. 90-1815

Strike through the modules NOT completed.  
This card contains unique security features to protect against forgery.

90-1815 3/11

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## **Secure Transportation**

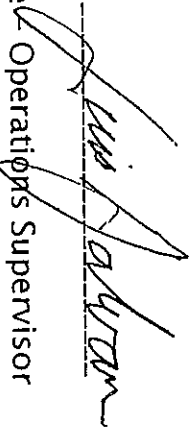
This certificate is in acknowledgment that,

**Pedro M. Marrero**

Has participated in Blood-Borne Pathogen's Training for the Non Healthcare Worker.

March 20<sup>th</sup>, 2016

\_\_\_\_Luis Galvan

  
Trainer Name Operations Supervisor

*Steve Thome*

Steve Thome- Safety & Compliance

FL  
OPS  
SUPERVISOR

# Certificate of Completion

Secure Transportation

Pedro Marrero

**has successfully completed**

HH-101-CE: HIPAA HITECH Privacy for Covered Entities (2015)  
Completed On : Jun 21, 2016

Certificate Number  
PM206506421062016105206MP



Heartsaver®  
First Aid CPR AED



Training Center Name Life Beat, Inc. TC ID # FL 20191

TC Info Pompano Beach, Fl 954-942-3436

Course Location Secure Transportation 937-422-6820

Instructor Name Roy Mashburn Inst. ID # 04160460610

Holder's Signature William W. Miller

© 2011 American Heart Association. Temporarily until this card has altered appearance 90-1815

→  
PEEL  
HERE  
→

William W. Miller

This card certifies that the above individual has successfully completed the objectives and skills evaluations in accordance with the curriculum of the AHA Heartsaver First Aid CPR AED Program. Optional completed modules are those NOT marked out.

Child CPR  Infant CPR  Written test   
Issue Date April 2016 Recommended Renewal Date April 2018

Strike through the modules NOT completed.  
This card is NOT to be used as a record indicator.

FL 09



# Secure Transportation Lift-Van Driver Certificate

This certificate is awarded to:

*William W Miller*

For participation and successful completion of Secure Transportation, Inc. 5 day training module for Sure-Lok L-Trak and New Heaven A-trak wheelchair securement and occupant restraint systems.

Date *04-25-2016*

- Operations Supervisor

*Pedro Moreno*



# 3-D Driver Training CERTIFICATE OF COMPLETION

*William W Miller*

has completed the *classroom and in-vehicle* requirements of  
The Hartford's 3-D program of driver training,  
consisting of

**Defensive, Decisive, Dependable Driving**

*William R. Schaffner*  
William R. Schaffner  
VP Loss Control

*Pedro Marrero*

5/13/2016

Date of Completion

Course Instructor

Heartsaver®  
First Aid CPR AED



PEEL  
HERE

David Curbelo  
Issue Date: April 2016  
Expiration Date: April 2018  
Individuals who have completed this course and passed the assessment are eligible for the certification of the American Heart Association Heartsaver First Aid CPR AED program. Official completed modules are **NOT** included.

Training Center: HeartLife Beat, Inc TC ID # FL20191  
Address: Pompano Beach, FL 954-942-3436  
Course: Secure Transportation 937-422-6820  
Instructor Name: Roy Mashburn ID # 04160460610  
Participant Signature: David Curbelo

Strike through the modules **NOT** completed.  
This card contains unique security features to protect against forgery.

FLO9



# Secure Transportation Lift-Van Driver Certificate

This certificate is awarded to:

*David Curbelo*

For participation and successful completion of Secure Transportation, Inc. 5 day training module for Sure-Lok L-Trak and New Heaven A-trak wheelchair securement and occupant restraint systems.

Date 04-25-2016

- Operations Supervisor

*Pedro Moreno*



# 3-D Driver Training CERTIFICATE OF COMPLETION

David Curbelo

has completed the *classroom and in-vehicle* requirements of  
The Hartford's 3-D program of driver training,  
consisting of

**Defensive, Decisive, Dependable Driving**

*William R. Schaffner*  
William R. Schaffner  
VP Loss Control

*Rodrigo Marrero*

5/13/2016

Date of Completion

Course Instructor

HeartSaver<sup>®</sup>  
First Aid CPR AED



Training  
Contract # Life Beat, Inc. IC ID # FL20191  
IC info Pompano Beach, FL 954-942-3436  
Course  
Location Secure Transportation 937-422-6820  
Instructor  
Instructor Roy Mashburn 941-604-6610  
Trainer's  
Signature Rosmary H. Herbert  
© 2017 American Heart Association

PEEL  
HERE

Rosmary Helen Herbert  
The card certifies that the above individual has successfully completed the course and this certifying organization with the endorsement of the American Heart Association AED. The training systems and video modules are those NOT marked out.  
Course CPR AED Start CPR End of test  
Issue Date April 2016 Recommended Renewal Date April 2018

Slide through the modules NOT completed  
This card INSERT NEXT RED ORANGE INDICATOR HERE

FL09



# Secure Transportation Lift-Van Driver Certificate

This certificate is awarded to:

*Rosemary Helen Herbert*

For participation and successful completion of Secure Transportation, Inc. 5 day training module for Sure-Lok L-Trak and New Heaven A-trak wheelchair securement and occupant restraint systems.

Date *04-25-2016*

Operations Supervisor

*Pedro Marrero*





# 3-D Driver Training CERTIFICATE OF COMPLETION

*Rosemary Herbert*

has completed the *classroom and in-vehicle* requirements of  
The Hartford's 3-D program of driver training,  
consisting of

**Defensive, Decisive, Dependable Driving**

*William R. Schaffner*  
William R. Schaffner  
VP Loss Control

*Pedro Marrero*

Date of Completion

5/13/2016

Course Instructor

Heartsaver®  
First Aid CPR AED



PEEL  
HERE

Joseph Mammano

This card certifies that the above individual has successfully completed the objectives and skills evaluations in accordance with the curriculum of the AHA Heartsaver First Aid CPR AED Program. Optional completed modules are those NOT marked out:

Child CPR AED      Infant CPR      Written test  
April 2016      April 2018  
Issue Date      Recommended Renewal Date

Training Center Name Life Beat, Inc. TC ID # FL 20191  
TC Info Pompano Beach, Fl 954-942-3436  
Course Location Secure Transportation 937-422-6820  
Instructor Name Roy Mashburn Inst. ID # 04160460610  
Holder's Signature Joseph Mammano  
© 2011 American Heart Association. Tampering with this card will alter its appearance. 90-1015

Strike through the modules NOT completed.  
This card is ~~NOT~~ **FOR RECORD AND DISPLAY ONLY.**

FL09



# 3-D Driver Training CERTIFICATE OF COMPLETION

*Joseph Mammamo*

has completed the *classroom and in-vehicle* requirements of  
The Hartford's 3-D program of driver training,  
consisting of

**Defensive, Decisive, Dependable Driving**

*William R. Schaffner*  
William R. Schaffner  
VP Loss Control

*Pedro Marrero*

Course Instructor

5/13/2016

Date of Completion



## St. Lucie County COPCN Application

Secure Transportation has been in business since 1980 serving the frail and elderly with Non- Emergency Medical Transportation to life sustaining treatment. In our industry it's typical to hear the term " door to door " or " curb or curb ", but at Secure Transportation we believe in service that is " through the door ". We never forget that service is our business, and we take deep pride in delivering it everyday.

Secure Transportation only hires the best drivers possible to care for our passengers. Our drivers must pass a background screening and a rigorous driver training that includes but is not limited to the following.

1. Clean MVR Report
2. Undergo and Pass FDLE background check
3. Undergo a National Sex Offender Registry Screening
4. Pass Employment Drug Screening
5. 40 hours of Field Training & Field Test
6. CPR/ First Aid Certification
7. Defensive Driver Techniques
8. Passenger Assistance & Sensitivity Training

We operate a large, modern fleet of sedans and wheelchair vans in California, Illinois, Ohio, Michigan, New Mexico and Florida. We believe that all employees are Key Employees regardless of the length of service. Those responsible for managing operations in Florida are Vincent Russo and Tony Russo, they have been with the company for two years and counting.

### Personal Reference –

V.P Network Management / Operations – S. Michelle Espinoza (562)506-1232

T 800-856-9994  
F 562-906-2947  
434 E. Broadway  
Long Beach, CA 90802

Molina Health Care



Your Extended Family.

October 06, 2016

To whom this may concern:

Molina Healthcare of California (Molina) has a long standing agreement with Secure Transportation to provide non-emergent transportation services. At the initial point of contracting, Secure Transportation (Secure) was one of many non-emergency transportation providers in our network. Over time, Molina recognized there was a distinct difference in how Secure delivered services compared to other transportation providers. The model of Secure lends to a "high touch" approach which gives the member a personal experience as opposed to a "pick-up/drop-off" approach, more common with standard transportation providers. This model keeps the member's needs, particularly those that have special needs or challenges, at the forefront of the service. Because of this, Molina partnered with Secure to provide all non-emergent transportation services.

With this transition, Secure can deliver the non-emergent transportation services through their network of highly trained drivers that share in the vision of Molina to deliver quality services to our members. Members are now able to access transportation services with a company that provides a more personal experience while taking into consideration the member's needs. We consider Secure an extension of Molina. The services provided by Secure to our members provides not just a ride, but a positive experience.

Should you have any questions or would like further examples of Molina's experience with Secure, you can reach me directly at (562) 506-1232 or by e-mail at [michelle.espinoza@molinahealthcare.com](mailto:michelle.espinoza@molinahealthcare.com).

Sincerely,

S. Michelle Espinoza  
Vice President, Network Management/Operations  
Molina Healthcare of California

200 Oceangate, Suite 100 | Long Beach, CA 90802

**MolinaHealthcare.com**

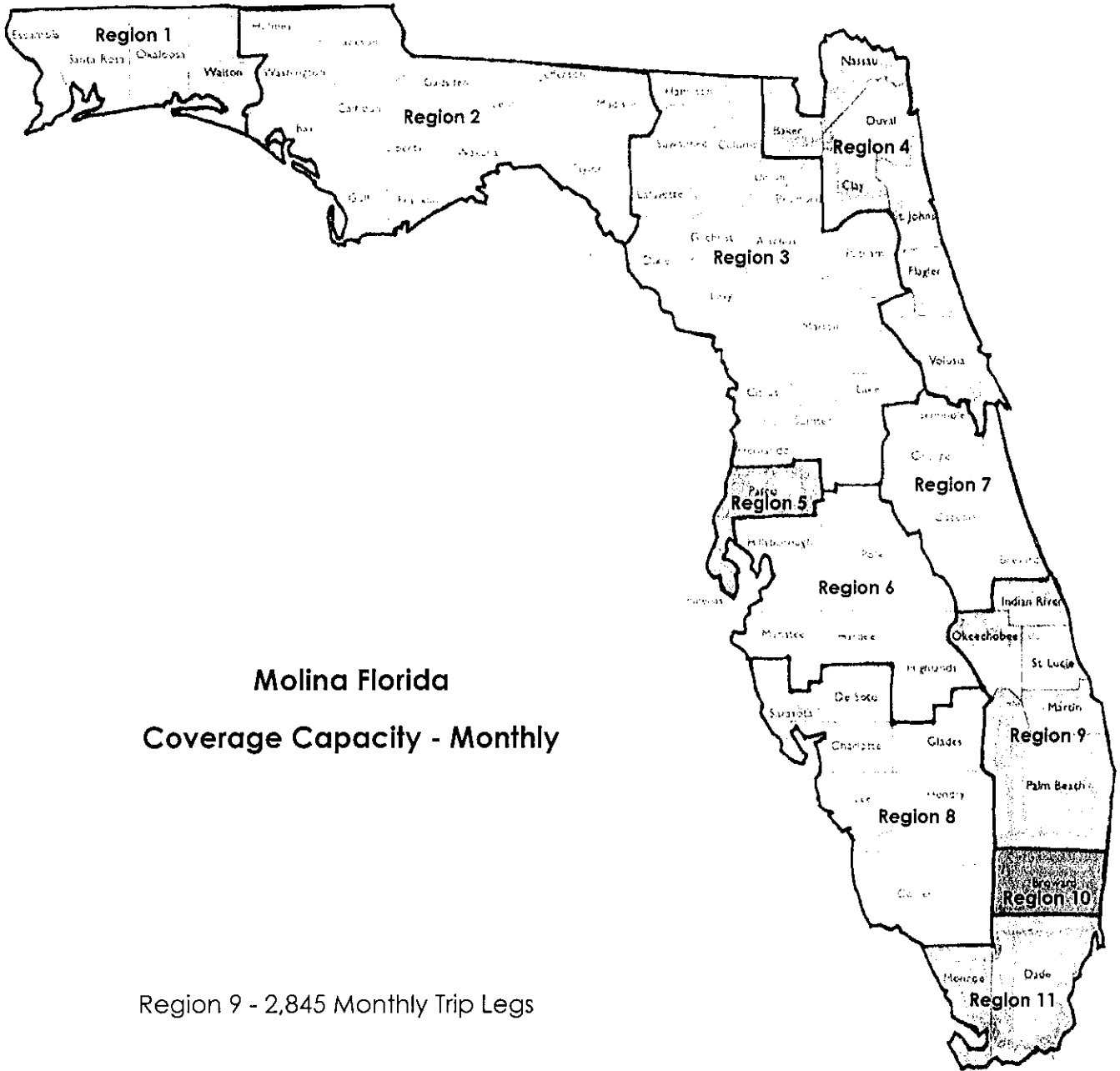


### Molina Florida

#### Current Coverage Capacity – Monthly Trip Legs

FLORIDA	Wheelchair Trip Legs	Ambulatory Trip Legs	Total Legs
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District 9	2160	685	2845
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**Molina Florida  
Coverage Capacity - Monthly**

Region 9 - 2,845 Monthly Trip Legs

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Time: 189ms  



# FLORIDA DEPARTMENT OF LAW ENFORCEMENT CRIMINAL HISTORY INFORMATION

Search Florida's Criminal Histories

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- 1. MY INFORMATION
- 2. CRITERIA
- 3. CONFIRMATION
- 4. PAYMENT
- 5. CANDIDATES
- 6. RESULTS

## No Records Selected

Name	First	Middle	Last	Date of Birth	Age	Race	Sex	SSN
	LISA		MCMULLEN	07/27/1982		W	F	
Maiden/Alias				-	-	-	-	-
Maiden/Alias 2				-	-	-	-	-
Transaction	8722034			2/21/2017 7:13:18 PM				

**BASED ON THE INFORMATION PROVIDED, THE CUSTOMER DETERMINED THAT NONE OF THE SEARCH RESULTS APPEAR TO BE THE INDIVIDUAL SOUGHT BY THE INQUIRY; THEREFORE NO RELEVANT CRIMINAL RECORDS WERE SELECTED.**

This record (or statement that there is not a record) is based on a request from a member of the public. This customer used the FDLE Internet system to search for the Florida record. FDLE is providing this to respond to the customer's request.

Name	Aliases/Also Known As	DOB	SSN	Sex	Race	Height	Weight	Eye	Hair
MCMILLAN, LISA MARIE	MCMILLIN, LISA MARIE; MCMILLIN, LISA M; NA, MARIE	19850926; 19860926	XXX-XX-6765; XXX-XX-6765	F	W	502	145	HAZ	BRO

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# FLORIDA DEPARTMENT OF LAW ENFORCEMENT CRIMINAL HISTORY INFORMATION

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- 1. MY INFORMATION
- 2. CRITERIA
- 3. CONFIRMATION
- 4. PAYMENT
- 5. CANDIDATES
- 6. RESULTS

## No Records Selected

Name	First	Middle	Last	Date of Birth	Age	Race	Sex	SSN
	PEDRO		MARRERO	08/02/1956		U	M	
Maiden/Alias				-	-	-	-	-
Maiden/Alias 2				-	-	-	-	-
Transaction	8722038			2/21/2017 7:14:48 PM				

**BASED ON THE INFORMATION PROVIDED, THE CUSTOMER DETERMINED THAT NONE OF THE SEARCH RESULTS APPEAR TO BE THE INDIVIDUAL SOUGHT BY THE INQUIRY; THEREFORE NO RELEVANT CRIMINAL RECORDS WERE SELECTED.**

This record (or statement that there is not a record) is based on a request from a member of the public. This customer used the FDLE Internet system to search for the Florida record. FDLE is providing this to respond to the customer's request.

Name	Aliases/Also Known As	DOB	SSN	Sex	Race	height	Weight	eye	Hair
VARONA, PEDRO ANTONIO	VARONA, PEDRO MARRERO; MARRERO, PEDRO; MARRERO, PEDRO ANTONIO; MARRERO-VARONA, PEDRO ANTONIO	19550325; 19560325; 19550629	XXX- XX- 2964	M	B	506	140	BRO	BLK
BANTISTA, JUAN	EDUARDO, JUAN; PADILLO, JOSE; OLIVAREZ, EDUARDO; PADILLA, JOSE EDUARDO; BADILLA, JOSE EDUARDO; BADILLA, JOSE EDWARD; URRRA, JUAN; VERA, JUAN; LOPEZ, RAFAEL	19490327; 19560326; 19500327; 19580512; 19490324	XXX- XX- 2160; XXX- XX- 7894	M	W	505	160	BRO	BLK
MARRERO, PEDRO	MARRERO, PADRO	19610914; 19610814	XXX- XX- 0642	M	W	511	192	BRO	BRO
MARRERO, PEDRO HERNANDEZ	HERNANDEZMARRER, PEDRO; HERNANDEZ, MARRERO; HERNANDEZ, PEDRO MARRERO; HERNANDESMARRER, PADRO; HERNANDEZ, PEDRO; HERNANDEZ, MARRERO P; MARREROPADRO, HERNANDEZ; HERNANDEZMARRER, PADRO; HERNANDEZMARRER, P	19571211; 19571112	XXX- XX- 6902	M	W	507	154	BRO	GRY
MARRERO, PEDRO		19580522		M	W	501	160	BRO	BLK

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Time: 223ms  



# FLORIDA DEPARTMENT OF LAW ENFORCEMENT CRIMINAL HISTORY INFORMATION

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- 1. MY INFORMATION
- 2. CRITERIA
- 3. CONFIRMATION
- 4. PAYMENT
- 5. CANDIDATES
- 6. RESULTS

## No Records Selected

Name	First	Middle	Last	Date of Birth	Age	Race	Sex	SSN
	WILLIAM	JR	MILLER	04/17/1979		W	M	
Maiden/Alias	-							
Maiden/Alias 2	-							
Transaction	8722007			2/21/2017 7:00:57 PM				

BASED ON THE INFORMATION PROVIDED, THE CUSTOMER DETERMINED THAT NONE OF THE SEARCH RESULTS APPEAR TO BE THE INDIVIDUAL SOUGHT BY THE INQUIRY; THEREFORE NO RELEVANT CRIMINAL RECORDS WERE SELECTED.

This record (or statement that there is not a record) is based on a request from a member of the public. This customer used the FDLE Internet system to search for the Florida record. FDLE is providing this to respond to the customer's request.

Name	Aliases/Also Known As	DOB	SSN	Sex	Race	Height	Weight	Eye	Hair
MILLER, WILLIAM THOMAS	MILLER, WILLIAM T JR; MILLER, WILLIAM THOMAS JR; MILLER, WILLIAM	19790923	XXX-XX-6420; XXX-XX-6420	M	W	510	160	BRO	BLK
MILLER, WILLIAM H	MILLER, WILLIAM HENRY; MILLER, WILLIAM	19790205	XXX-XX-4149	M	W	511	215	BRO	BRO
MILLER, WILLIAM L	MILLER, WILLIAM LEROY JR; MILLER, BILLY; MILLER, WILLIAM; MILLER, RICKY; MILLER, WILLIAM L JR; MILLER, BRANDON; MILLER, TRAVIS DANIEL; MILLER, WILLIAM LEROY; MILLER, WILLIAM LEROYJR	19711116; 19791206; 19711106; 19711126	XXX-XX-1493; XXX-XX-1993; XXX-XX-0992	M	W	510	150	BRO	BRO
MILLER, WILLIAM	MILLER, WILLIAM EDWARD	19770420	XXX-XX-4834	M	W	600	235	BRO	BRO
DOMENECH, WILLIAM	DOMENECH, WILLIAMS; DOMENECHMOLIERE, WILLIAM; DOMENECH-MOLIERE, WILLIA; DOMENCHE-MOLIERE, WILLIAM	19791220	XXX-XX-2934	M	W	508	190	BRO	BLK

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# FLORIDA DEPARTMENT OF LAW ENFORCEMENT CRIMINAL HISTORY INFORMATION

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- 1. MY INFORMATION
- 2. CRITERIA
- 3. CONFIRMATION
- 4. PAYMENT
- 5. CANDIDATES
- 6. RESULTS

## No Records Selected

Name	First	Middle	Last	Date of Birth	Age	Race	Sex	SSN
	DAVID		CURBELO	10/16/1993		U	M	
Maiden/Alias				-	-	-	-	-
Maiden/Alias 2				-	-	-	-	-
Transaction	8722013			2/21/2017 7:04:52 PM				

**BASED ON THE INFORMATION PROVIDED, THE CUSTOMER DETERMINED THAT NONE OF THE SEARCH RESULTS APPEAR TO BE THE INDIVIDUAL SOUGHT BY THE INQUIRY; THEREFORE NO RELEVANT CRIMINAL RECORDS WERE SELECTED.**

This record (or statement that there is not a record) is based on a request from a member of the public. This customer used the FDLE Internet system to search for the Florida record. FDLE is providing this to respond to the customer's request.

Name	Aliases/Also Known As	DOB	SSN	Sex	Race	Height	Weight	Eye	Hair
CARBALLO, DAVID ANDRES		19900223		M	W	600	210	BRO	BLK

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 (Separate multiple email addresses by comma)

Time:  
167ms



# FLORIDA DEPARTMENT OF LAW ENFORCEMENT CRIMINAL HISTORY INFORMATION

Search Florida's Criminal Histories

"No Results" confirmation has been emailed to mmartinez@securetransportation.com

- 1. MY INFORMATION
- 2. CRITERIA
- 3. CONFIRMATION
- 4. PAYMENT
- 5. CANDIDATES
- 6. RESULTS

## Confirmation of No Search Results

	First	Middle	Last	Date of Birth	Age	Race	Sex	SSN
Name	ROSEMARY		HERBERT	03/17/1981		U	F	
Maiden/Alias				-	-	-	-	-
Maiden/Alias 2				-	-	-	-	-
Transaction	8722018			2/21/2017 7:06:23 PM				

FDLE found NO Florida criminal history based on the information provided. No criminal record check was conducted for other states or for the FBI. This record (or statement that there is not a record) is based on a request from a member of the public. This customer used the FDLE Internet system to search for the Florida record. FDLE is providing this to respond to the customer's request.

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Time: 187ms  



# FLORIDA DEPARTMENT OF LAW ENFORCEMENT CRIMINAL HISTORY INFORMATION

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1. MY INFORMATION    2. CRITERIA    3. CONFIRMATION    4. PAYMENT    5. CANDIDATES    6. RESULTS

## No Records Selected

Name	First	Middle	Last	Date of Birth	Age	Race	Sex	SSN
	JOSEPH		MAMMANO	08/22/1935		U	M	
Maiden/Alias				-	-	-	-	-
Maiden/Alias 2				-	-	-	-	-
Transaction	8722026							2/21/2017 7:08:54 PM

BASED ON THE INFORMATION PROVIDED, THE CUSTOMER DETERMINED THAT NONE OF THE SEARCH RESULTS APPEAR TO BE THE INDIVIDUAL SOUGHT BY THE INQUIRY; THEREFORE NO RELEVANT CRIMINAL RECORDS WERE SELECTED.

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Name	Aliases/Also Known As	DOB	SSN	Sex	Race	Height	Weight	Eye	Hair
MANNINO, JOSEPH CHARLES		19300809	XXX-XX-2859	M	W	508	170	BLU	BRO

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