



## Memorandum #17-82

DATE: August 21, 2017

TO: Diana Alarcon, Director of Transportation and Mobility

Via: Christine Fanchi, P.E., Engineering & Design Manager

FROM: Heslop Daley, Project Manager II

SUBJECT: Recommendation for Approval of MCT EXPRESS INC., Certificate of Public Convenience and Necessity to Operate Five Ford E 350 Transport Van within the City of Fort Lauderdale

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MCT Express Inc. d/b/a Tri-County Ambulance Services has submitted an application for a Certificate of Public Convenience and Necessity to the City of Fort Lauderdale. The Transportation and Mobility Department (TAM) staff has reviewed the application; based on the criteria identified in Chapter 27, Article V of the Code of Ordinances of the City of Fort Lauderdale.

MCT Express Inc. intends to operate five transport vans with the sole purpose of transporting emergency medical ambulatory patients to various hospitals. MCT Express Inc. will operate solely as a backup service for Governmental entities for the provision of emergency medical services. The fees charged to each patient must be in accordance with the attached agreement between Broward County and MCT Express, Inc., d/b/a Tri-County Ambulance for Emergency Backup Ambulance Service (see attached agreement - Article 3.3.1).

### Evaluation and Proposed Conditions

Staff has reviewed the applicant's permit application and recommends approval to operate within the City of Fort Lauderdale as long as the following conditions are met by the applicant:

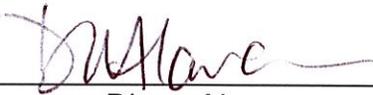
- No stopping in the travel lane to pick up or drop off patients.
- Shall operate in Accordance with the Agreement between Broward County and MCT Express, Inc. d/b/a Tri-County Ambulance for Emergency Backup Ambulance Service
- Applicant will not operate within special events areas/route as established by the City's Special Event Coordinator. It will be the responsibility of MCT Express Inc. to secure special events dates and detour routes in advance of the planned events.

- The City reserves the right to suspend operation during scheduled or unscheduled events and road closures or any other circumstances that would require traffic mitigation.

TAM establishes these conditions to best mitigate the impact this operator will have on traffic along the route of operation, as well as to ensure staging availability for operations and that the applicant not be reliant on public parking availability to operate.

Attachments: MCT Express Inc. Vehicles for Hire Application and the agreement between Broward County and MCT Express, Inc., d/b/a Tri-County Ambulance for Emergency Backup Ambulance Service

Approved:

  
\_\_\_\_\_  
Diana Alarcon

  
\_\_\_\_\_  
Date

C: Starla Shepherd, Business Manager



CITY OF FORT LAUDERDALE
VEHICLES FOR HIRE APPLICATION

Date: 3/10/17

TYPES OF CERTIFICATE (see definitions below)

- A. TAXICAB
B. MOTEL OR HOTEL COURTESY CARS
C. COURTESY CAR
D. RENTAL VEHICLE-CHAUFFEUR OR SIGHTSEEING
E. NON MOTORIZED VEHICLES-FOR HIRE
F. NON MOTORIZED VEHICLES-SELF PROPELLED

NUMBER OF VEHICLES

Table with 2 columns: Certificate Type, Number of Vehicles. Row C has '5' written in the second column.

REQUIRED INFORMATION

Note: Additional information for each category can be obtained by reading Section 27-192 of the Code of Ordinances of the City of Fort Lauderdale.

THE APPLICANT IS:

- Individual, Business Entity, Corporation (checked)

PLEASE PRINT

Individual / Business Name: MCE Express Inc

Address: 3300 SW 11 Ave FLL 33315

Contact Person: Bob Beer

Phone Number: 3055377150 E-mail address: BBeeris@TransportationAmerica.com

1) The number of motor vehicles the applicant desires to operate, including a brief description of each (make, model and year), and the corresponding vehicle identification number (VIN) and license plate number.

Definitions (Section 27-1)

Rental car with chauffer means any passenger-type vehicle for hire that is rented with a chauffeur driver by the hour, day, week, or month.

Sightseeing vehicle means a vehicle for hire transporting passengers over the streets of the city in accordance with a contract previously made between the owner or operator and the passenger.

Applicant must attach a brief description of each vehicle desired and a description of the transportation service proposed to this application and label as EXHIBIT 1.



**Venice of America Transportation and Mobility Department**

Exhibit 1 is attached to this application.

2) **The rate and fares proposed to be charged. The applicant shall agree that all changes in rates and fares or charges whether increased or decreased shall be set by the city commission.**

Vehicle Type: Ambulance

Proposed rate and/or fare: See Attachment Page 4

Vehicle Type: Ford E350 see Attachment

Proposed rate and/or fare: See Attachment Page 4

**NOTE:** If additional space is needed for rates and/or fares please attach a separate sheet and label it **EXHIBIT 2**; check box below if exhibit is being provided.

Exhibit 2 is attached to this application.

**Rates, Fares and charges agreement**

I, BOB BEERS, the applicant agrees that all changes in rates, fares or charges, whether increased or decreased, shall be set by the city commission.

[Signature]  
\_\_\_\_\_  
Signature of Applicant

BOB BEERS  
\_\_\_\_\_  
Name of Applicant (print or type)

Sworn to & subscribed before me this 10<sup>th</sup> day of MARCH, 2017.



[Signature]  
\_\_\_\_\_  
Notary

The permanent location at which such vehicle(s) will be stored or parked when not in use.

Permanent Location: 3300 SW 11 Ave FLL 33315



*Venice of America* **Transportation and Mobility Department**

3) **The identity of the actual owner or owners of such vehicle(s) if the applicant does not own such vehicle(s).**

The applicant is the owner of the vehicle(s) listed in this application.

The applicant does not own the vehicle(s) listed in this application.

The vehicle(s) is/are owned by:

Name: MCE Express Inc

Address: 2766 N W 62ND ST Miami FL 33147

Phone: 305 779-0505

**NOTE:** Where additional space is needed due to multiple owners or partial ownership by the applicant and another person, attach separate sheets and label them as **EXHIBIT 3**. Please check the box below if extra sheets are provided. Leave box blank if all the ownership information is provided on this form.

**Exhibit 3** is attached to this application.

4) **A financial statement prepared by a certified public accountant.**

**NOTE:** A certified financial statement must be attached to this application; please label it as **EXHIBIT 4**. The ordinance requires that the statement be certified. The application cannot be forwarded to the City Commission without the certification. Check box below when this has been attached.

**Exhibit 4** is attached to this application.

5) **A profit and loss statement, if the applicant is the holder of a certificate of public convenience and necessity.**

The applicant is not a holder of a certificate(s) or this is a new business.

The applicant is the holder of a certificate. A profit and loss statement has been labeled as **EXHIBIT 5** and attached to this application.

6) **An accurate certified account of records for the previous year or the nearest accounting period, including a profit and loss statement for the previous year, setting forth earning and expenditures for operation, insurance premiums paid including but not limited to unemployment, workers compensation, social security, and public liability.**

An accurate certified account of records as described in subsection (8) above has been labeled as **EXHIBIT 6** and attached to this application.



*Venice of America* **Transportation and Mobility Department**

7) *Each application for a certificate of public convenience and necessity shall be accompanied by tender of the license fee as a provided by Section 15-57 of this Code.*

The license fee is attached to this application. Fee Amount \_\_\_\_\_

8) *A comprehensive listing of any violation or complaints made against the applicant, or against the present business entity or against any former business entity that involved any of the same corporate officers, directors, managers, or partners, as applicable, regarding vehicle(s) for hire incidents that occurred in the State of Florida.*

Are you the applicant currently operating a business regarding vehicles for hire?

Yes  No

If yes, business name: \_\_\_\_\_

Have you, the applicant been involved in vehicle(s) for hire in the past?

Yes  No

Have you, the applicant been involved with another business regarding vehicle(s) for hire?

Yes  No

If yes, business name: \_\_\_\_\_

Are any of the corporate officers, directors, managers or partners involved in any business regarding vehicle(s) for hire or have they ever been involved in a business regarding vehicle(s) for hire?

Yes  No

If yes: Name of Person \_\_\_\_\_

Business Name \_\_\_\_\_

Names of Person \_\_\_\_\_

Business Name \_\_\_\_\_

**NOTE:** Attach extra sheets if more room is needed. Please label as **EXHIBIT 7** and check box below.

**Exhibit 7** is attached to this application.

Provide a comprehensive listing of any violations or complaints that would be included in subsection (10) of the ordinance section. Label the attached sheet(s) **EXHIBIT 8**.



**Venice of America Transportation and Mobility Department**

- I do not have any violations or complaints that meet the requirements of Section 27-192(b) (10) to report.
- I have provided a comprehensive listing of the violations and/or complaints that must be reported per Section 27-192(b) (10) of the Code of Ordinances. It is labeled as **Exhibit 8**.

**9) Sec. 27-193. Insurance required.**

a) After a certificate is issued but before a permit is issued to any person or corporation to operate a rental car with chauffeur and/or sightseeing vehicle, the applicant for such permit shall submit to the Transportation and Mobility Department a policy or policies of public liability and property damage insurance for each vehicle operated as follows:

Type of Vehicle	Public Liability Policies Amount	Property Damage Policies Amount
Rental Car with Chauffeur	\$ 50,000 / \$100,000	\$ 5,000.00
Sightseeing vehicle	\$100,000 / \$300,000	\$25,000.00
Non-motorized	\$1,000,000 / \$2,000,000	Medical: \$10,000 per person

b) All such public liability and property damage insurance policies shall be written by companies having, or enjoying a B and BB rating and authorized to transact business in the state. Such policies shall be deposited with the license inspector or the city and shall be kept in full force and effect by the applicant at all times. Failure to file such policy with the city license inspector or to keep same in full force and effect shall automatically cancel and void the certificate of public convenience and necessity or permit granted to the rental car with chauffeur and/or sightseeing vehicle covered by such policy.

Please note that this application will be forwarded to the Police Department for a list of all violations and/or complaints that may be a part of public record.

10) *The date the application is made.* DATE: 2 / 28 / 17

I hereby swear the above information is true.

Bob Beeis  
Name of Applicant (print or type)

[Signature]  
Signature of Applicant

Sworn to and subscribed before me this 10<sup>th</sup> day of MARCH, 2017



[Signature]  
Notary

(Office Use Only) Application received on \_\_\_\_\_ by \_\_\_\_\_

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**FORT LAUDERDALE POLICE DEPARTMENT**

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DATE: March 23, 2018  
TO: Chief Rick J. Maglione  
FROM: Major Dana Swisher / Operations Bureau  
SUBJECT: Recommendation for Approval of MCT Express Inc., Certificate of Public Convenience

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MCT Express Inc. d/b/a Tri-County Ambulance Services has submitted an application for a Certificate of Public Convenience and Necessity to the City of Fort Lauderdale. MCT Express Inc. intends to operate five transport vans with the sole purpose of transporting emergency medical patients to various hospitals. MCT Express Inc. will operate solely as a back-up service to Governmental entities for the provision of emergency medical services.

The Operations Bureau has reviewed the application and found no reason to prevent their operations in the City of Fort Lauderdale as long as they comply with the conditions set forth in the Transportation and Mobility Department's recommendation memo. We recommend approval on that basis.

Chief of Police:  Approved  Not Approved   
Rick J. Maglione

DS



### Description of the proposed vehicle service

**Advanced Life Support (ALS)** is an **advanced** set of algorithms and protocols that extend past **Basic Life Support** to further assist the injured or ill patient in opening up their airways, breathing and getting air throughout the body, and promoting blood circulation in emergency situations.

**Basic life support (BLS)** is a level of medical care which is used for victims of life-threatening illnesses or injuries until they can be given full medical care at a hospital. It can be provided by trained medical personnel, including **emergency** medical technicians, paramedics, and by qualified bystanders.

Hours of Operation

24/7



<b>STATE</b>	<b>ALS/BLS</b>	<b>YEAR</b>	<b>MAKE</b>	<b>MODEL</b>	<b>VIN</b>
19756	ALS	2008	Ford	F350	1FDWF36R88ED60918
19802	ALS	2008	Ford	F350	1FDWF36R78ED36738
NEW	BLS	2014	Ford	E350	1FDSS3EL4EDB14828
NEW	BLS	2013	Ford	E350	1FDSS3EL7DDA08145
NEW	BLS	2012	Ford	E350	1FDSS3EL5CDB06797

## 2014 FORD E-SERIES TECHNICAL SPECIFICATIONS

<b>POWERTRAIN/CHASSIS</b>				
<b>POWERTRAIN</b>	<b>4.6L Triton V8 (FFV)</b>	<b>5.4L Triton V8 (FFV)</b>		<b>6.8L Triton V10</b>
Engine type	V8, cast-iron block, aluminum heads	V8, cast-iron block, aluminum heads		V10, cast-iron block, aluminum heads
Bore x stroke	3.55 x 3.54 in.	3.55 x 4.16 in.		3.55 x 4.16 in.
Displacement	281 cu. in.	330 cu. in.		415 cu. in.
Compression ratio	9.38:1	9.06:1		9.06:1
Fuel injection	Sequential multiport electronic	Sequential multiport electronic		Sequential multiport electronic
Valvetrain	SOHC, two valves per cylinder	SOHC, two valves per cylinder		SOHC, two valves per cylinder
Horsepower	225 @ 4,800 rpm	255 @ 4,500 rpm		305 @ 4,250 rpm
Torque	286 lb.-ft. @ 3,500 rpm	350 lb.-ft. @ 2,500 rpm		420 lb.-ft. @ 3,250 rpm
Oil capacity	6.0 quart	6.0 quart		6.0 q quart
Coolant capacity	23.8 quart	28.8 quart		30.4 quart
Transmission type	Four-speed automatic overdrive	Four-speed automatic overdrive	Five-speed TorqShift <sup>®</sup> automatic overdrive	Five-speed TorqShift automatic overdrive
Gear ratios				
1st	2.84:1	2.84:1	3.11:1	3.11:1
2nd	1.55:1	1.55:1	2.20:1	2.20:1
3rd	1.00:1	1.00:1	1.55:1	1.55:1
4th	0.70:1	0.70:1	1.00:1	1.00:1
5th	-	-	0.71:1	0.71:1
Available axle ratios	3.73:1, 4.10:1, 4.56:1			
<b>SUSPENSION</b>				
Front	Independent twin I-beam, coil springs, shock absorbers and stabilizer bar			
Rear	Non-independent live axle, leaf springs and shock absorbers			
<b>STEERING</b>				
Type	Power recirculating ball			
Overall ratio	17.0:1			
<b>BRAKES</b>				
Front	13.58-in. vented disc			
Rear	13.58-in. vented disc			
Assist type	E-150 to E-350 SRW models (dual diaphragm); E-350 DRW/E-450 models hydroboost			
<b>WHEELS AND TIRES</b>				
Base wheel and tire	16-in. steel, LT225/75Rx16E AS BSW			
Largest tires available	16-in. aluminum, LT245/75Rx16E AS BSW			

# SUPER DUTY SPECIFICATIONS



## STANDARD FEATURES

### Mechanical

97,500-mile tune-up interval <sup>4</sup> (gas engine)
Battery saver
Conventional spare tire/wheel/jack with underframe carrier (crank-down type)
Engine-only traction control (EOTC) (DRW only)
Fail-Safe Engine Cooling System (gas engine)
Fuel tank – 26-gallon capacity (F-250/F-350 137" 142" and 156" WB with diesel engine)
Fuel tank – 35-gallon capacity (gas engine)
Fuel tank – 37.5-gallon capacity (F-250/F-350 156" and 172" WB with diesel engine, and F-450)
Hill start assist
Jack – 2-ton mechanical with SRW, 4-ton hydraulic with DRW
Power steering
Stabilizer bar – Front
Stabilizer bar – Rear (DRW only)
Stainless steel exhaust system (major component)
Stationary elevated idle control (SEIC) <sup>5</sup>
Steering damper
Tailgate – Removable with lock and tailgate assist
Tire Pressure Monitoring System (SRW only; excludes spare)
Trailer hitch receiver – 12.5K (2") Built Ford Tough <sup>2</sup> (SRW with gas engine; SRW with diesel engine and 137" and 142" WB)
Trailer hitch receiver – 14K (2.5") Built Ford Tough (SRW with diesel engine and 156," 158" and 172" WB)
Trailer hitch receiver – 15K (2.5") Built Ford Tough (DRW with 156" and 158" WB; DRW with gas engine and 172" WB)
Trailer hitch receiver – 18.5K (2.5") Built Ford Tough (F-350 DRW with diesel engine and 172" WB; F-450)
Trailer hitch receiver – 2" sleeve reducer (vehicles with 2.5" receiver)
Trailer sway control
<b>Interior</b>
Assist and ride handles
Coat hooks – 1 (Regular Cab); 2 in rear of cab (SuperCab and Crew Cab)
Dome light/map lights (front and rear with Crew Cab)
MyKey <sup>6</sup>
Overhead console with garage door opener storage and sunglasses storage (SuperCab and Crew Cab)
Powerpoints – 12-volt, 2 on instrument panel
Windows – Flip-open rear quarter (SuperCab)

## POWERTRAINS

### 2nd-Generation

#### 6.7L Power Stroke<sup>®</sup> V8 Turbo Diesel    6.2L 2-Valve V8 Gas<sup>1</sup>

Configuration	OHV (32-valve)	SOHC
Fuel injection	High-pressure common-rail	Sequential electronic
Control system	Electronic	Electronic
Induction system	Single-sequential turbocharger; charged air cooler	Specially tuned
Battery	Dual 12-volt; 750-CCA/78-amp-hr	12-volt; 650-CCA/72-amp-hr
Alternator	157-amp (single 200-amp or dual combined 357-amp, optional)	157-amp (single 200-amp, optional)
Cooling system	Pressurized series flow	Pressurized series flow
Oil-life monitor	Intelligent Oil-Life Monitor <sup>®</sup>	Oil-minder system
Cylinders	8	8
Cylinder heads	Aluminum	Aluminum
Block material	Compacted graphite iron	Cast iron
Valve operation	Push rod/rocker arms	Roller-rocker shaft
Camshaft drive	Gear	Silent chain
Bore/stroke	3.90"/4.25"	4.02"/3.74"
Compression ratio	16.2:1	9.8:1
Horsepower @ rpm	440 @ 2,800	385 @ 5,500/316 @ 4,179 <sup>2</sup>
Torque lb.-ft. @ rpm	860 @ 1,600	405 @ 4,500/397 @ 4,179 <sup>2</sup>
Recommended fuel	Ultra-low-sulfur diesel or B20 (containing 20% or less biodiesel)	Regular unleaded or E85 Bi-fuel capable LPG or CNG (requires upfit)

### Transmission

6-speed SelectShift<sup>®</sup> automatic

### Case Material

Aluminum

### PTO<sup>3</sup>

Live-drive access on driver's side (Turbo Diesel only)

### Gear Ratios

1st – 3.97:1  
2nd – 2.31:1  
3rd – 1.51:1  
4th – 1.14:1  
5th – 0.85:1  
6th – 0.67:1  
Reverse – 3.12:1

<sup>1</sup>Certified to SAE J1349. <sup>2</sup>405 lb.-ft. of torque and 385 hp, 10,000 lbs. GVWR and under. 397 lb.-ft. of torque and 316 hp, 10,001 lbs. GVWR and over. <sup>3</sup>Available feature. <sup>4</sup>Under normal driving conditions with routine fluid and filter changes. <sup>5</sup>Final-stage manufacturer must supply control switches. <sup>6</sup>Always wear your safety belt and follow airbag warning label instructions.



**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: M C T Express, Inc.

DOCUMENT NUMBER: P0000009297

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

<u>Raymond Gonzalez</u>	_____
	Name of Contact Person
<u>M C T Express, Inc.</u>	_____
	Firm/ Company
<u>2766 NW 62 Street</u>	_____
	Address
<u>Miami, FL 33147</u>	_____
	City/ State and Zip Code

\_\_\_\_\_ E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

<u>Raymond Gonzalez</u>	_____	at ( _____ )	_____
Name of Contact Person		Area Code & Daytime Telephone Number	

Enclosed is a check for the following amount made payable to the Florida Department of State:

- \$35 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

**Mailing Address**  
 Amendment Section  
 Division of Corporations  
 P.O. Box 6327  
 Tallahassee, FL 32314

**Street Address**  
 Amendment Section  
 Division of Corporations  
 Clifton Building  
 2661 Executive Center Circle  
 Tallahassee, FL 32301

FILED  
 16 AUG -1 PM 12:40  
 SECRETARY OF STATE  
 TALLAHASSEE, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

M C T Express, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

P0000009297

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**  
*(Principal office address **MUST BE A STREET ADDRESS**)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. Enter new mailing address, if applicable:**  
*(Mailing address **MAY BE A POST OFFICE BOX**)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

*Name of New Registered Agent* \_\_\_\_\_

\_\_\_\_\_  
*(Florida street address)*

*New Registered Office Address:* \_\_\_\_\_, Florida  
*(City) (Zip Code)*

FILED  
16 AUG 11 PM 12:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

\_\_\_\_\_  
*Signature of New Registered Agent, if changing*

**If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:**

*(Attach additional sheets, if necessary)*

*Please note the officer/director title by the first letter of the office title:*

*P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.*

*Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.*

**Example:**

Change      PT      John Doe

Remove      V      Mike Jones

Add      SV      Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	<u>P</u>	<u>Rudolph Moise, D.O.</u>	<u>2766 NW 62 Street</u>
<input type="checkbox"/> Add			<u>Miami, FL 33147</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>P</u>	<u>Raymond Gonzalez</u>	<u>2766 NW 62 Street</u>
<input checked="" type="checkbox"/> Add			<u>Miami, FL 33147</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>VP</u>	<u>Raymond Gonzalez</u>	<u>2766 NW 62 Street</u>
<input type="checkbox"/> Add			<u>Miami, FL 33147</u>
<input checked="" type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>VP/Sec</u>	<u>Rene Gonzalez</u>	<u>2766 NW 62 Street</u>
<input checked="" type="checkbox"/> Add			<u>Miami, FL 33147</u>
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			



The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval  
by \_\_\_\_\_."  
(voting group)

The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated July 26, 2016 \_\_\_\_\_

Signature \_\_\_\_\_

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Raymond Gonzalez

\_\_\_\_\_  
(Typed or printed name of person signing)

President

\_\_\_\_\_  
(Title of person signing)

FILED  
16 AUG - 1 PM 12:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Department of State / Division of Corporations / Search Records / Detail By Document Number /

## Detail by Entity Name

Florida Profit Corporation  
M C T EXPRESS, INC.

### Filing Information

<b>Document Number</b>	P00000009297
<b>FEI/EIN Number</b>	65-1002016
<b>Date Filed</b>	01/21/2000
<b>Effective Date</b>	01/18/2000
<b>State</b>	FL
<b>Status</b>	ACTIVE
<b>Last Event</b>	AMENDMENT
<b>Event Date Filed</b>	08/01/2016
<b>Event Effective Date</b>	NONE

### Principal Address

2766 NW 62 ST.  
MIAMI, FL 33147

### Mailing Address

2766 NW 62 ST.  
MIAMI, FL 33147

### Registered Agent Name & Address

ALVAREZ, RAUL  
2766 NW 62 ST.  
MIAMI, FL 33147

Name Changed: 10/20/2015

### Officer/Director Detail

#### **Name & Address**

Title P

GONZALEZ, RAYMOND  
2766 NW 62 ST.  
MIAMI, FL 33147

Title VPS

GONZALEZ, RENE  
2766 NW 62 ST.  
MIAMI, FL 33147

**Annual Reports**

Report Year	Filed Date
2014	03/20/2014
2015	10/20/2015
2016	05/01/2016

**Document Images**

<a href="#">08/01/2016 -- Amendment</a>	<a href="#">View image in PDF format</a>
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Florida Department of State, Division of Corporations





February 23, 2017

City of Fort Lauderdale  
100 North Andrews Avenue  
Fort Lauderdale, FL 33301

To whom this may concern,

Please be advised that Limousines of South Florida, Inc. dba LSF Shuttle is sharing space at 3300 S.W. 11 Avenue, Fort Lauderdale, Florida 33315 with MCT Express.

If you have any questions or need any additional information, please feel free to contact me at any time.

Respectfully,

Mark Levitt  
Vice President

3300 SW 11th Avenue  
Fort Lauderdale, FL 33315  
Phone: (954) 463-0845

**MCT EXPRESS, INC.  
DBA  
MIAMI DADE AMBULANCE SERVICE  
AUDITED FINANCIAL STATEMENTS  
DECEMBER 31, 2017**

**MCT EXPRESS, INC.  
DBA  
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DECEMBER 31, 2017**

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**Independent Auditor's Report**

*To the Shareholders of*  
MCT Express, Inc.

We have audited the accompanying balance sheet of MCT Express, Inc. doing business as Miami Dade Ambulance Service as of December 31, 2017, and the related statements of income and retained earnings, and cash flows for the year then ended. These financial statements are the responsibility of the Company's management. Our responsibility is to express an opinion on these financial statements based on the audit.

We conducted the audit in accordance with auditing standards generally accepted in the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the company's internal control over financial reporting. Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that the audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of MCT Express, Inc. as of December 31, 2017 and the results of their operations and their cash flows for the year then ended in conformity with generally accepted accounting principles.

*Agreda & Co., C.P.A.*

Miami, Florida  
May 4, 2018

**MCT EXPRESS, INC.**  
**DBA MIAMI DADE AMBULANCE SERVICE**  
**BALANCE SHEET**  
**AT DECEMBER 31, 2017**

**Assets**

Current assets		
Cash	\$	1,497,418
Accounts receivable, net		1,579,054
<b>Total current assets</b>		<b>3,076,472</b>
<hr/>		
Fixed Assets, net		411,341
<hr/>		
Other assets		88,916
<b>Total other assets</b>		<b>88,916</b>
<hr/>		
<b>Total Assets</b>	<b>\$</b>	<b>3,576,729</b>

**Liabilities and Members' Equity**

Current liabilities		
Accounts payable and accrued expenses	\$	1,911,959
Loans from related parties, net		734,996
<b>Total current liabilities</b>		<b>2,646,955</b>
<hr/>		
<b>Total liabilities</b>		<b>2,646,955</b>
<hr/>		
<b>Stockholder's equity</b>		
Common stock - \$1.00 par value, 1,000 shares		
Authorized, 100 issued and outstanding		100
Additional paid-in capital		538,276
Retained earnings		391,398
<b>Total stockholder's equity</b>		<b>929,774</b>
<hr/>		
<b>Total Liabilities and Members' Equity</b>	<b>\$</b>	<b>3,576,729</b>

*See accompanying notes.*

**MCT EXPRESS, INC.**  
**DBA MIAMI DADE AMBULANCE SERVICE**  
**STATEMENT OF INCOME AND RETAINED EARNINGS**  
**YEAR ENDED DECEMBER 31, 2017**

<b>Sales</b>		\$	15,498,429
<b>Cost of sales</b>			
Cost of labor			6,271,684
Insurance			1,338,907
Fuel cost			1,229,355
Other costs			745,201
Vehicle fleet maintenance			554,244
			10,139,391
			5,359,038
<b>Gross Profit</b>			
<b>Operating expenses</b>			
Salaries & wages			2,088,656
Office			869,047
Legal and professional fees			488,993
Officers' compensation			480,000
Rent			360,000
Other			134,306
Depreciation			120,000
Advertising			55,498
Repairs and maintenance			19,887
Charitable contributions			14,449
Utilities			11,211
			4,642,047
			716,991
<b>Operating Income</b>			
<b>Net Income</b>			716,991
Retained Earnings, Beginning of Year			424,407
Less: shareholder distributions			(750,000)
Retained Earnings, End of Year		\$	391,398

**MCT EXPRESS, INC.**  
**DBA MIAMI DADE AMBULANCE SERVICE**  
**STATEMENT OF CASH FLOWS**  
**YEAR ENDED DECEMBER 31, 2017**

**Cash flows from operating activities**

Net Income	\$	716,991
Adjustments to reconcile net income to net cash (used in) operating activities		
Depreciation		120,000
Changes in assets and liabilities:		
Accounts receivable		(113,758)
Deposits		2,855
Prepaid expenses		141,714
Other assets		(4,675)
Accounts payable and accrued expenses		645,227
<b>Net cash provided by operating activities</b>		<b>1,508,354</b>

**Cash flows from investing activities:**

Additions to fixed assets		(88,808)
<b>Net cash (used) in investing activities</b>		<b>(88,808)</b>

**Cash flows from financing activities:**

Distributions to shareholders		(750,000)
Loans from related parties		267,908
<b>Net cash (used) by financing activities</b>		<b>(482,092)</b>

Net increase in cash		937,454
Cash, beginning of year		559,964
<b>Cash, end of year</b>	\$	<b>1,497,418</b>

**MCT EXPRESS, INC.**  
**DBA MIAMI DADE AMBULANCE SERVICE**  
**NOTES TO FINANCIAL STATEMENTS**

***Note 1 – Nature of Operations and Significant Accounting Policies***

***Nature of Operations***

MCT Express, Inc. (“the Company”) was incorporated under the laws of the State of Florida in January 2001. The Company plans, manages and executes an emergency and non-emergency ambulance transportation service. The Company currently provides services in the Dade, Broward and Palm Beach Counties.

***Accounting method***

The Company prepares its financial statements using the accrual basis of accounting in accordance with generally accepted accounting principles; consequently, revenues are recognized when earned and expenses are recognized when the obligation is incurred.

***Cash and Cash Equivalents***

Cash and cash equivalents include cash on hand and cash deposited in checking and money market accounts in financial institutions; highly liquid investments with an original maturity of three months or less that are not subject to restriction as to withdrawal or use. The Company maintains its cash in bank deposit accounts which, at times, may exceed federally insured limits. The Company has not experienced any losses in such accounts. Management believes that the Company is not exposed to any significant credit risk on cash and cash equivalents.

***Accounts Receivable, net***

Receivables, net are recorded at the principal amount, net of an allowance for doubtful accounts and consist of amounts due from customers. Receivables determined to be uncollectible are charged against the allowance and any subsequent recoveries are credited to the allowance. Accounts receivables, net at December 31, 2017 were \$1,579,055.

***Fixed Assets***

Fixed assets are stated at cost, less accumulated depreciation. Depreciation is provided using the straight-line method, over the estimated useful lives of the assets.

***Impairment of Long-Lived Assets***

Long-lived assets and certain identifiable intangibles are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount of an asset may not be recoverable. Recoverability of assets to be held and used is measured by a comparison of the carrying amount of an asset to the future net cash flows, undiscounted and without interest charges expected to be generated by the asset. If such assets are considered to be impaired, the impairment to be recognized is measured by the amount by which the carrying amount of the asset exceeds the fair value of the asset.

**MCT EXPRESS, INC.**  
**DBA MIAMI DADE AMBULANCE SERVICE**  
**NOTES TO FINANCIAL STATEMENTS**

***Note 1 – Nature of Operations and Significant Accounting Policies (continued)***

***Income Taxes***

MCT Express, Inc. is an S corporation and does not pay income taxes. The shareholders of MCT Express, Inc. recognize their share of the income on their personal income tax return.

***Use of Estimates***

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions. These estimates and assumptions may affect the reported amounts of assets, liabilities, and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expense during the reporting period. Actual results could differ from those estimates.

***Fair Value of Financial Instruments***

Cash, accounts receivable, accounts payable, debt, accrued expenses and other liabilities are carried at amounts which reasonably approximate their fair value due to the short-term nature of these amounts or due to variable rates of interest which are consistent with current market rates.

***Note 2 – Fixed Assets***

At December 31, 2017, fixed assets consisted of computers, office equipment, and furniture and fixtures with estimated useful lives ranging from three years to seven years. Fixed assets total cost of \$4,205,899 less accumulated depreciation of \$3,794,558 amounted to \$411,341, net. For the year ended December 31, 2017, depreciation expense totaled \$120,000.

***Note 3 –Loans from Related Parties, Net***

The Company has loaned monies to entities under common ownership. At December 31, 2017, the outstanding balances of these loans were \$734,996. This amount is due on demand and does not accrue interest.

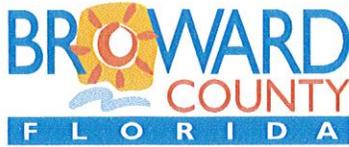
***Note 4 – Subsequent Events***

Management has determined there are no material subsequent events that would require disclosure in the MCT Express, Inc.'s financial statements through the date when these financial statements were issued.

***Note 5 – Major Customer***

No customer accounted for greater than ten percent of gross sales. No customer accounted for greater than ten percent of the accounts receivable balance at December 31, 2017.

*See accompanying notes.*



**Office of Medical Examiner and Trauma Services**

5301 S.W. 31st Avenue • Fort Lauderdale, Florida 33312-6619 • 954-357-5200 • FAX 954-327-6580

September 28, 2017

General Manager Raymond Gonzalez  
 MCT Express, Inc d/b/a Tri-County Ambulance  
 3300 SW 11 Ave.  
 Fort Lauderdale, FL 33315

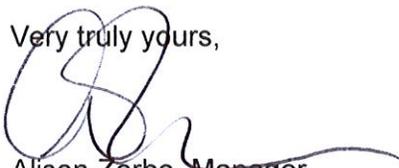
Dear Mr. Gonzalez:

In accordance with Section 3.6 of the Emergency Ambulance Service Contract between Broward County and MCT Express, Inc d/b/a Tri-County Ambulance, the chargeable rates for emergency and nonemergency ambulance transport are due to be adjusted. Calculations of the adjustment to the rates are made using the percentage of change in the Consumer Price Index (CPI), All Urban Consumers (U.S.), Medical Care Services, for the period ending July 1, 2017, or three percent (3%), whichever is less. The CPI for this category increased by 2.6 percent during this period, therefore, the new adjusted rates that your service may charge for nonemergency ambulance transports and emergency ambulance backup calls provided within Broward County using the increase of 2.6 percent are:

	Year 2016/2017 Rate		Year 2017/2018 Rate	
	Emergency	Nonemergency	Emergency	Nonemergency
BLS Base	\$459.00	\$306.00	\$470.90	\$314.00
ALS Base	541.00	442.00	555.10	453.50
ALS 2 Base	795.00	795.00	815.70	815.70
Oxygen	46.00	46.00	47.20	47.20
Mileage	10.00	10.00	10.30	10.30
Specialty Care Transport	2016/2017: Emergency \$911.00	Non-Emergency \$884.00	2017/2018: Emergency \$934.70	Non-Emergency \$907.00
Waiting time: ALS - \$171.00	BLS - \$153.00	ALS - \$175.40	BLS - \$157.00	

The above rates for 2017/2018 shall remain in effect from October 1, 2017, through September 30, 2018. If you have any questions concerning this matter, please do not hesitate to contact this office.

Very truly yours,



Alison Zerbe, Manager  
 Trauma and EMS Section

- c: Dr. Craig Mallak, Director, Office of Medical Examiner and Trauma Services
- Adam Katzman, Assistant Broward County Attorney
- Robert Melton, Commission Auditor