RFP RESPONSE:

The City of Fort Lauderdale
Procurement Services Division
100 North Andrews Avenue
#619
Fort Lauderdale, FL 33301
(City Hall)

Comprehensive Medical Evaluation for Fort Lauderdale Fire-Rescue Personnel RFP # 975-11824

Due Date:
Tuesday, November 22, 2016 at 2:00 pm

Submitted By:
LIFE EXTENSION CLINICS, INC.
dba: Life Scan Wellness Centers
1011 North Macdill Avenue
Tampa, Florida 33607
(813) 876-0625
Patricia Johnson, CEO

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a. Proposal Certification

b. Cost Proposal

c. Non-Collusion Statement

d. Local Business Preference

e. Contract Payment Method

f. Sample Insurance Certificate

g. Business License

TAB 1

4.2.2 EXECUTIVE SUMMARY

Legal Name:	Life Extension Clinics, Inc.
DBA:	Life Scan Wellness Centers
Corporate Address:	1011 N. MacDill Avenue Tampa, FL 33607
Testing Site:	On-site at location(s) determined by Fort Lauderdale Fire-Rescue
Phone Number:	Phone: (813) 876-0625 Fax: (813) 876-0653
Authorized Representative:	Patricia Johnson, CEO
Email:	lifescanhc@aol.com
Website:	www.lifescanwellnesscenters.com
Incorporated:	Florida, August 1998
Medical Director:	Anthony L. Capasso, M.D., P.A.
Medical License:	FL ME69518

To:	The City of Fort Lauderdale
Re:	Comprehensive Medical Evaluation for Fort Lauderdale Fire-Rescue Personnel
Solicitation#:	RFP # 975-11824
Due Date:	November 22, 2016 at 2:00 PM Local Time

On behalf of Life Scan Wellness Centers, I am pleased to present this response to your request for proposal for RFP # 975-11824 to provide the proposed Project Services according to the Scope of Work and the requirements of the RFP.

Life Scan proposes to provide an on-site program at a location designated by Fort Lauderdale Fire-Rescue with the options to utilize any of our other Life Scan Centers as needed. An on-site program can help to ensure an expedient time frame for services as well as provides an option to keep employees on-duty resulting in a reduction in costs, time away from the job, or even overtime.

Life Scan's background is in the area of professional medical services specifically for public safety with over 18 years experience in the development and implementation of programs for state, municipalities and counties to fit their specific needs. We have recognized the vital importance of combining the key components of health, wellness, and fitness to generate the healthiest, most productive employees.

LIFE SCAN FIREFIGHTER PHYSICALS

Life Scan specializes in providing government agencies with public safety physical exams that comply with NFPA 1582, the IAFF/IAFC Wellness Fitness Initiative, and OSHA as well as incorporating an advanced level of medical assessments for the early detection of cancer, cardiovascular diseases, and other potentially catastrophic illnesses. Our Life Scan model of "ultrasound-aided physical exams" for Public Safety Officers has been incorporated into the medical standards for fire service and law enforcement departments throughout the country. As a result, we have the proven ability to identify cardiovascular disease, aneurysms, diabetes, and cancer more accurately and in much early stages in the disease process resulting in a substantial, long-term disability, absenteeism, and health care cost savings to the employer and the potential for lives saved.

Experts consider public safety to be among the most stressful and hazardous of all professions with long-term exposure to toxic materials and infectious disease, high levels of physical demands, frequent spontaneous fluctuations in blood pressure resulting from the "fight to flight" response, exposure to emotionally devastating events, and the effects of shift work. Studies confirm that the average firefighter three times the incident of heart disease, lung disease, and cancer.

With the ever-increasing occupational medical risks, counties and cities must look towards new methods of prevention and intervention to protect the health and ensure the longevity of their most valuable assets…their employees. Most public safety personnel are aware of the importance of being physically fit, yet many have undetected medical issues or lack the endurance and strength to efficiently perform their jobs, putting themselves, their peers, and citizens at risk.

In professions as demanding and hazardous as firefighting, being medically, physically, and mentally fit will provide your employees with the capability to perform optimally, decrease stress and stress-related health and emotional problems, and greatly reduce the incidence of work related illnesses and injuries.

Life Scan has a distinctive approach to occupational medicine. The Life Scan public safety physical is an integrated medical approach to occupational exams that combines NFPA 1582 firefighter exams with early detection of the major diseases such as heart disease, stroke, cancer, diabetes, and aneurysms before they reach a catastrophic level and are curable. It provides your firefighters with a thorough assessment of their health as well as recommendations for achieving and maintaining long-term health, appropriate intervention, behavioral modifications, and methods to reduce health risks. Each Life Scan physical exam follows state and federal guidelines with the added-value benefit of ultrasound imaging assessments of the internal organs and cardiovascular system, more extensive laboratory blood profiles, diet and nutritional analysis, and a state-of-the-art fitness evaluation. A personal wellness plan with these recommendations will be provided along with a copy of the medical and fitness assessments.

The Life Scan Wellness Program also includes a comprehensive fitness evaluation based on NFPA 1583 and the WFI recommendations. Our clinical exercise physiologists have the expertise and experience to assess the physical fitness levels of each employee in relationship to their cardiovascular and overall health condition. Our physiologists will recommend fitness goals and a Fitness Prescription as well as diet and nutritional improvements.

Life Scan and our medical staffing are experienced and knowledgeable in all aspects of the scope of services. As an on-going program of Health, Wellness, and Fitness, Life Scan will continue to be your team dedicated to identifying areas of concern, monitoring the recommended interventions and programs, and assuring that your employees attain and maintain the level of health and well-being that is crucial to perform their jobs optimally and greatly reduce the chance for illness and injury.

Thank you for the opportunity to respond to this RFP for Fort Lauderdale Fire-Rescue.

Patricia Johnson

Patricia Johnson, CEO

PRINCIPALS, MANAGEMENT, AND PHYSICIAN SUPERVISORY TEAM:

Patricia Johnson, CEO and co-founder of Life Scan Wellness Centers. Patricia has over thirty years of medical expertise and is a nationally recognized authority on the health and wellness of firefighters. In 1998, Life Scan integrated occupational medical services with preventative medicine specializing in the early detection and prevention of both chronic and acute diseases including heart attacks, strokes, cancer and other catastrophic diseases, for the benefit of government entities.

Patricia will be the liaison between the City and Life Scan and will oversee contractual issues, ensure proper invoicing, and attend meetings.

Michael Terrana, CFO. Michael is an attorney in Tampa and started his law career as an assistant state attorney in Hillsborough County. He now is the lead partner of a firm that focuses on insurance defense and property law. Michael is the co-founder of Life Scan and serves as corporate counsel and Chief Financial Officer.

Clinical/Medical Director: Pamela Desmarais, ARNP-BC. Pam is the Life Scan Wellness Center Clinical Director and Project Manager. She is responsible for the supervision of the medical specialists and for the continuing education as well as medical procedures and protocol for the Life Scan Wellness Center medical program. Pam will ensure quality control over medical reporting and records and manage scheduling timelines and has extensive experience with NFPA 1582 guidelines and interpretation.

Medical Director: Anthony Capasso, M.D. Dr. Capasso has over 20 years in private medical practice. He is fully experienced in workers' compensation, post offer employment physicals, firefighter and police physicals and medical clearance, HAZMAT medical clearance, occupational medicine, and internal medicine. Dr. Capasso is the supervisory medical director and advises with medical clearance review.

Life Scan is a nationally recognized expert and educator regarding the health and fitness of police and firefighters. Life Scan has advised NFPA 1582 and the IAFF/IAFC Wellness Fitness Initiative Committees regarding firefighter health and fitness.

ON-SITE MEDICAL STAFF:

The Life Scan program is designed specifically for Fire and Police Departments and the entire medical staff has extensive knowledge and experience in providing firefighter physicals. The medical staff works in teams and each of them is experienced in all aspects of the scope of services and the Life Scan program including NFPA 1582, NFPA 1583, OSHA Respiratory Standard, the WFI Initiatives, firefighter medical clearances and reporting processes.

Advanced Registered Nurse Practitioners
Pamela Desmarias, ARNP-BC., ACLS Certified
Pamela and her team of Advanced Registered Nurse Practitioners perform the on-site annual and pre-employment physicals, clinical assessments, administer the infectious disease program, and medical clearances under the supervision of Dr. Capasso. Life Scan mid-level practitioners have extensive experience providing medical clearance, pre-placement employment physicals, fitness for duty, NFPA 1582 and FDLE Medical exams, the WFI, and OSHA Respirator Medical Clearance. They each have a thorough understanding of the unique needs, physical requirements, and mental stress related to the profession of firefighter and police personnel.

Clinical Exercise Physiologists
Patrick StJohns, M.S., CSCS, ACLS Certified
Patrick and his clinical exercise physiologist team are experienced in clinical cardiac testing and interpretation, lung capacity (pulmonary function) testing and interpretation, firefighter fitness evaluations, diet and nutrition, body composition, and all aspects of NFPA 1582, NFPA 1583, and the WFI. All Life Scan physiologists are trained and experienced in OSHA Respirator Medical testing and OSHA Mask Fit Testing protocol.

Sonographers
Darlene Neira, DMS, BLS Certified
Darlene and her ultrasound team are fully cross-trained in all modalities of medical ultrasound and interpretation including vascular, heart, abdominal, and general ultrasound. The ultrasound practitioners provide a key component to the overall health assessments, early detection testing, and education of our patients.

Professional Contributions to Firefighter Health and Safety:

In recognition of their outstanding accomplishments and understanding of the unique needs of fire fighters and police officers, Patricia Johnson, on behalf of Life Scan Wellness Centers, are partnered with the IAFC and the Safety, Health, and Survival Section as well as Fire Rescue International.

Life Scan provides Firefighter Educational Seminars, CEU courses, and professional articles to:

- Florida Fire Chiefs
- Florida Professional Firefighters
- Fire Rescue International
- International Firefighter Smoke Symposiums
- Florida Firefighter Safety and Health Conferences
- Florida Cancer Survivor Network

TAB 2

4.2.3 EXPERIENCE AND QUALIFICATIONS

1. Number of years in business providing the professional services as it relates to the scope of services in this RFP: 18 years

2. Projects of Similar Size and Scope

Life Scan's specialty and background is in the area of early detection and prevention-based occupational, medical services for government agencies with a specialty in public safety. We have over eighteen years experience in the development and implementation of programs for city, county, and state public safety departments to fit their specific needs. We have recognized the vital importance of combining the key components of health, wellness, and fitness to produce the healthiest, most productive employees. After researching and developing a program that is specifically designed to meet the needs of public safety, we opened our first Life Scan Wellness Center for the City of Jacksonville. Since then we have opened three Life Scan Wellness Centers (only open to contracted government clients) and offer on-site services to fire departments throughout the United States with over 20,000 firefighters annually. The Life Scan program provides annual and post offer firefighter and police physicals, respiratory protection programs, and infectious disease monitoring at the same time integrating a model of early detection and prevention.

Life Scan has annual contracts to provide these professional services to agencies of similar size and scope such as Broward County Fire Rescue, City of Miami Fire Rescue, Hialeah Fire Rescue, Jacksonville Sheriff's Office, Jacksonville Fire Rescue, Brevard County Fire Rescue, Polk County Fire Rescue, Hernando County Fire Rescue, St. Petersburg Fire Rescue, Pinellas County Sheriff's Office, Clearwater Fire Rescue, North Charleston Fire Rescue, Florida State Fire Marshals, and Hillsborough County Fire Rescue.

Service Provided: LIFE SCAN WELLNESS PROGRAM:

- NFPA 1582 compliant Annual Physicals for Firefighters
- NFPA 1583 Fitness Evaluation Firefighters
- IAFF/IAFC Wellness Fitness Initiative
- Life Scan's ultrasound-aided physical exam and advanced medical assessments for early detection and prevention
- Hazmat and Specialty Team Physicals
- On-site program for all medical testing, blood draws, and X-rays
- Infectious Disease testing and vaccines
- OSHA 1910.145 Respirator Physicals and Mask Fit for Public Safety
- On-site at multiple locations provided by agencies

CURRICULUM VITAE

ANTHONY L. CAPASSO, M.D.

Florida Medical License: ME69518

EDUCATION

1984-1987	Ohio State University, Columbus, Ohio. Bachelor of Science--Biology Cum Laude.
1984-1986	Cleveland State University, Cleveland, Ohio.

POST GRADUATE TRAINING

1988-1990	Ohio State College of Medicine, Columbus, Ohio
1991-1993	University of Alabama School of Medicine, Birmingham Alabama, M.D.
1993-1994	University of Florida Health Science Center, Jacksonville Florida; Internal Medicine Internship.
1994	University of Hawaii Integrated Medical Residency Honolulu, Hawaii; Internal Medicine Residency 7/1/94 - 12/4/94
1995-1996	University of Florida Health Science Center, Jacksonville Florida; Internal Medicine Residency. Graduation July 1996

HONORS AND AWARDS

1984-1987	Dean's List
1985	Summa Award, University College, Ohio State University.
1987	Graduate Cum Laude, College of Arts and Sciences, Ohio State University.
1989	Honorary Letter from the Department of Anatomy for outstanding performance, Ohio State College of Medicine.

CERTIFICATION

Diplomat of the National Board of Medical Examiners, June 1993
Diplomat ABIM, August 1998

LICENSURE

State of Florida ME 0069518

AC#6824861

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
11/03/2015	ME 69518	508182

The **MEDICAL DOCTOR**
named below has met all requirements of
the laws and rules of the state of Florida.
Expiration Date: **JANUARY 31, 2018**

ANTHONY L CAPASSO
1351 13TH AVE SOUTH SUITE 110
JACKSONVILLE BEACH, FL 32250

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE
AC# 6824861

DATE	LICENSE NO.	CONTROL NO.
11/03/2015	ME 69518	508182

The **MEDICAL DOCTOR**
named below has met all requirements of
the laws and rules of the state of Florida.
Expiration Date: **JANUARY 31, 2018**

ANTHONY L CAPASSO

LICENSEE SIGNATURE

Rick Scott
GOVERNOR

John H. Armstrong, MD, FACS
STATE SURGEON GENERAL

DISPLAY IF REQUIRED BY LAW

EXPIRATION DATE: **JANUARY 31, 2018**

Your **license number is ME 69518**, please use it in all correspondence with your board/council. Each licensee is solely responsible for notifying the department in writing of the licensee's current mailing address and practice location address. If you have not received your renewal notice 90 days prior to the expiration date shown on this license, please call (850) 488-0595.

Use this section to report name change. Name changes require legal documentation showing the name change. Please make sure that a photocopy of one of the following accompanies this form: a marriage license, a divorce decree or a court order.

Medical Quality Assurance offers you the convenience of several online services. These services give you the ability to renew your license, update your mailing and practice location addresses and update your profile information.

1. Go to **www.FLHealthSource.gov**
2. Click on "Provider Services"
3. Click on "Manage my License"
4. Select your profession
5. Enter the user ID and password that was provided to you on your initial license and click "Sign in using our secure server."
6. If you do not know your user ID and password, click on "Get Login Help?" or call our Customer Contact Center at (850) 488-0595 for assistance.

MAIL TO: **DEPARTMENT OF HEALTH**
DIVISION OF MEDICAL QUALITY ASSURANCE
LICENSURE SUPPORT SERVICES UNIT
P.O. BOX 6320
TALLAHASSEE, FLORIDA 32314-6320

☐ **NAME CHANGE (ATTACH LEGAL DOCUMENTATION)**

FROM: _____
LAST FIRST MIDDLE

TO: _____
LAST FIRST MIDDLE

DH 2103, 5/98

IMPORTANT ANNOUNCEMENT

THE DEPARTMENT OF HEALTH WILL NOW REVIEW YOUR CONTINUING EDUCATION RECORDS AT THE TIME OF LICENSE RENEWAL.

TO LEARN MORE, PLEASE VISIT **WWW.CEatRENEWAL.COM**

Pamela L. Desmarais, MS, ARNP-BC

Certifications

Registered Nurse Practitioner in the State of Florida, license number 2551642ARNP
Certified Adult Nurse Practitioner from the American Nurses Credentialing Center
Registered Nurse in the State of Florida and Massachusetts
Basic Life Support (BLS) Certification
Basic Life Support Instructor
Advanced Cardiac Life Support

Highlights

- American Nurses Association (ANA)
- Florida Nurses Association (FNA)
- Completed AAAASF accreditations
- Completed two JCAHO accreditatio

Professional Experience

Life Scan Wellness Centers

2012 to Present

Director Clinical and Medical Operations
Lead ARNP: Provide physical assessment, medical clearances, and plan of care to adults in law enforcemen and fire rescue positions. Obtains infectious disease laborator results and educates patients on infectious diseases. Administering immunizations as needed/ requested. Provide counseling of patients on risk factors, nutrition, medication, smoking cessation, physical activity, and disease management.
Promote health screenings and healthy living.

Clinique of Plastic Surgery ***2008 to 2012***

ARNP/Clinical Manager
Expertly managed all surgery services, including planning, scheduling and coordination, determination of procedures and procurement of supplies and equipment. Assessed need for, ordered, obtained and interpreted appropriate lab tests. Provided pre-intra-PACU care of patients. Managed clinical and support staff in patient care activities.

University of South Florida ***2003 to 2012***

Adjunct Faculty
Instructor for College of Nursing

Marcadis Plastic Surgery ***2005 to 2008***

ARNP/Practice Manager
Expertly managed all surgery services, including planning, scheduling and coordination, determination of procedures and procurement of supplies and equipment. Assessed need for, ordered, obtained and interpreted appropriate lab tests. Provided pre-intra-PACU care to surgical patients. Managed clinical and support staff in patient care activities.

RN/Relief Charge Nurse; CVTU, Endoscopy
CVTU: Maintain and recover immediate postoperative open heart patients in CVTU.
Endoscopy; Evaluate and manage schedule for both outpatients and hospitalized patients. Manage patient transfers and immediate recovery of patients.

Education

University of South Florida
Master of Science, Nursing

University of South Florida
Bachelor of Science, Nursing

Advanced Cardiac Life Support
National Provider Certification

1373880630145

Pamela Desmarais

Has successfully completed the national Advanced Cardiac Life Support certification examination and clinical skills evaluation in accordance with the most recent published clinical American Heart Association Guidelines for CPR & Emergency Cardiovascular Care; and is hereby granted provider certification by the National Board of Emergency Care Certification for a period of twenty-four months from the date of issuance.

Issue Date 01/06/2015
Expiration Date 01/2017

Registrar

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

AC# 7266091

DATE	LICENSE NO.	CONTROL NO.
07/07/2016	ARNP 2551642	2228746

The ADV REG NURSE PRACTITIONER named below has met all requirements of the laws and rules of the state of Florida.

Expiration Date: JULY 31, 2018

PAMELA LYNN COFSKE DESMARAIS

LICENSEE SIGNATURE

American Academy of CPR & First Aid, Inc.
Health Care Provider CPR

Pamela Desmarais

This individual has successfully completed the above mentioned course, and has demonstrated proficiency in the subject by passing the examination, In accordance with terms and conditions of American Academy of CPR & First Aid, Inc.

AB486192-HCP	01/06/2015	01/06/2017
Certificate Number	**Issue Date**	**Renewal Date**

ANCC
AMERICAN NURSES CREDENTIALING CENTER
CERTIFICATION

Certification #
2004004705

Certification Valid
4/11/2015 to 4/10/2020

Name of Certification:
Adult Nurse Practitioner

Awarded to:
Pamela L. Desmarais, ANP-BC

TAB 3

4.2.4 APPROACH TO SCOPE OF WORK

- Life Scan meets all aspects of the Scope of Work in the RFP.
- Life Scan designed and implemented the Life Scan Public Safety Health, Wellness, and Fitness Program and has demonstrated over the past two decades that we have the experience, medical staffing, equipment, and resources to successfully provide Fort Lauderdale Fire-Rescue with an outstanding employee wellness program and are capable of meeting all timelines and performance criteria.
- Life Scan and our employees have a wide range of experience within the medical field. Our focus is the specialty of occupational health for public safety that combines prevention and early detection with NFPA 1582 firefighter physicals with NFPA 1583 fitness evaluations.
- Life Scan has a variety of contracts ranging from comprehensive employee medical centers, occupational health testing including NFPA 1582 compliant firefighter physicals, NFPA 1583/WFI Fitness Evaluations, OSHA 1910.134 Respirator Testing, FDLE compliant physicals, hearing conservation, and vision as well as Fit-for-Duty clearance, fitness programs, and employee wellness programs.
- We have several medical/fitness teams that can undertake a range of differing projects. The medical/fitness staff members that will be assigned to Fort Lauderdale Fire-Rescue has extensive experience with Life Scan in similar projects with over 150 fire departments and law enforcement agencies within the Southeastern United States and are all fully trained in all aspects of the Life Scan program and the Scope of Work necessary for this RFP.
- Life Scan has met or exceeded the expectations of every contract and project including budgetary goals, timetables, and quality control objectives.
- Life Scan has the experience and expertise with government entities, public safety agencies, and in firefighter physicals to understand the applicable laws or regulations that relate to the project and to provide over site and management to ensure that the plans and specifications are being complied with and the Scope of Work are being properly provided.
- As demonstrated by our references, we have been extremely successful in providing our contracted agencies with a program that not only meets, but exceeds their expectations, as well as proven to be an outstanding medical benefit, increases internal moral, and helps to ensure the long-term health, longevity and mental well being of their personnel.
- We have state-of-the-art medical equipment for the project with all medical specialists fully trained in their use, function, and normal/abnormal ranges for expert medical consultation. We will continuously work with Fort Lauderdale Fire-Rescue to further improve your program and to meet the health and fitness needs of your personnel. Medical technology is a dynamic industry with new advances in medical screenings introduced each year. When appropriate for your program, we will make these new tests available to your department at reasonable costs.

TAB 4

4.2.5. REFERENCES

BREVARD COUNTY
Brevard County Fire Rescue and Brevard County Sheriff's Office
Contact: Marvena Petty
Phone: (321) 633-2056
Email: Marvena.Petty@brevardcounty.us
Number of ANNUAL Physicals: 550 BCFR and 200+ BCSO
Performance Period: FY 2012 to Present, RFP Awarded Contract

Service Provided: LIFE SCAN WELLNESS PROGRAM:

- NFPA 1582 compliant Annual Physicals for Firefighters
- NFPA 1583 Fitness Evaluation Firefighters
- IAFF/IAFC Wellness Fitness Initiative
- Life Scan's ultrasound-aided physical exam and advanced medical assessments for early detection and prevention
- Hazmat and Specialty Team Physicals
- On-site program for all medical testing, blood draws, and X-rays
- Infectious Disease testing and vaccines
- OSHA 1910.145 Respirator Physicals and Mask Fit for Public Safety
- On-site at multiple locations provided by Brevard County

CITY OF ST. PETERSBURG
St. Petersburg Fire Rescue and St. Petersburg Police Department
Contact: Fire Chief James Large
Phone: (727) 893-7694
Email: James.Large@stpete.org
Number of ANNUAL Physicals: 335 SPFR and 150 SPPD
Performance Period: 2008 to present, RFP Awarded Contract

Service Provided: LIFE SCAN WELLNESS PROGRAM:

- NFPA 1582 compliant Physicals and Post Offer Physicals for Police and Firefighters
- NFPA 1583 Fitness Evaluation for Police and Firefighters
- IAFF/IAFC Wellness Fitness Initiative
- Life Scan's ultrasound-aided physical exam and advanced medical assessments for early detection and prevention
- Hazmat, Swat Team, and Specialty Team Physicals
- Post Offer Candidate Physicals
- On-site program for all medical testing, blood draws, and X-rays
- Infectious Disease testing and vaccines
- OSHA 1910.145 Respirator Physicals and Mask Fit for Public Safety
- On-site and at the Pinellas County Life Scan Wellness Center

BROWARD COUNTY FIRE RESCUE

Contact: Assistant Chief Todd Leduc
Phone: ((954) 831-8291
Email: Todd_Leduc@sheriff.org
Number of ANNUAL Physicals: 450
Performance Period: 2014 to present, Piggyback Contract, AFG grant

Service Provided: LIFE SCAN WELLNESS PROGRAM:

- NFPA 1582 compliant Physicals
- NFPA 1583 Fitness Evaluation
- IAFF/IAFC Wellness Fitness Initiative
- Life Scan's ultrasound-aided physical exam and advanced medical assessments for early detection and prevention
- Hazmat Team Physicals
- On-site program for all medical testing, blood draws, and X-rays
- Infectious Disease testing
- On-site at location provided by Broward County Fire Rescue

CITY OF JACKSONVILLE

Jacksonville Sheriff's Office and Jacksonville Fire Rescue

Contact: Gerry Shaw, RN Health and Safety Officer
Number of ANNUAL Physicals: 2,300 JSO and 500 JFRD
Phone: (904) 630-2442
Email: Gerald.shaw@jaxsheriff.org
Performance Period: 2001 to present, RFP Awarded Contract

Service Provided: LIFE SCAN WELLNESS PROGRAM:

- NFPA 1582 compliant Annual Physicals for Firefighters and Police Officers
- NFPA 1583 Fitness Evaluation Firefighters
- IAFF/IAFC Wellness Fitness Initiative
- Life Scan's ultrasound-aided physical exam and advanced medical assessments for early detection and prevention
- Hazmat and Specialty Team Physicals
- On-site program for all medical testing, blood draws, and X-rays
- Infectious Disease testing and vaccines
- OSHA 1910.145 Respirator Physicals and Mask Fit for Public Safety
- Dedicated City of Jacksonville Life Scan Wellness Center

TAB 5

4.2.6 MINORITY / WOMAN PARTICIPATION

NOT APPLICABLE

Life Extension Clinics, Inc.

TAB 6

4.2.7 SUBCONTRACTORS

Life Extension Clinics, Inc. does not employ the use of subcontractors

TAB 7

4.2.8 REQUIRED FORMS

a. **Proposal Certification**

b. **Cost Proposal**

c. **Non-Collusion Statement**

d. **Local Business Preference**

e. **Contract Payment Method**

f. **Sample Insurance Certificate**

g. **Business License**

BID/PROPOSAL CERTIFICATION

Please Note: If responding to this solicitation through BidSync, the electronic version of the bid response will prevail, unless a paper version is clearly marked **by the bidder** in some manner to indicate that it will supplant the electronic version. All fields below must be completed. If the field does not apply to you, please note N/A in that field.

If you are a foreign corporation, you may be required to obtain a certificate of authority from the department of state,
in accordance with Florida Statute §607.1501 (visit http://www.dos.state.fl.us/).

Company: (Legal Registration) Life Extension Clinics, Inc.

Address: 1011 N. MacDill Avenue

City: Tampa State: FL Zip: 33607

Telephone No. (813) 876-0625 FAX No. (813) 876-0653 Email: lifescanhc@aol.com

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Delivery: Calendar days after receipt of Purchase Order **(section 1.02 of General Conditions)**:

Total Bid Discount **(section 1.05 of General Conditions)**:

Does your firm qualify for MBE or WBE status **(section 1.09 of General Conditions)**: MBE ☐ WBE ☐

ADDENDUM ACKNOWLEDGEMENT - Proposer acknowledges that the following addenda have been received and are included in the proposal:

Addendum No.	Date Issued	Addendum No.	Date Issued	Addendum No.	Date Issued

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VARIANCES: If you take exception or have variances to any term, condition, specification, scope of service, or requirement in this competitive solicitation you must specify such exception or variance in the space provided below or reference in the space provided below all variances contained on other pages within your response. Additional pages may be attached if necessary. No exceptions or variances will be deemed to be part of the response submitted unless such is listed and contained in the space provided below. The City does not, by virtue of submitting a variance, necessarily accept any variances. If no statement is contained in the below space, it is hereby implied that your response is in full compliance with this competitive solicitation. If you do not have variances, simply mark N/A. **If submitting your response electronically through BIDSYNC you must also click the "Take Exception" button.**

The below signatory hereby agrees to furnish the following article(s) or services at the price(s) and terms stated subject to all instructions, conditions, specifications addenda, legal advertisement, and conditions contained in the bid/proposal. I have read all attachments including the specifications and fully understand what is required. By submitting this signed proposal I will accept a contract if approved by the City and such acceptance covers all terms, conditions, and specifications of this bid/proposal. The below signatory also hereby agrees, by virtue of submitting or attempting to submit a response, that in no event shall the City' s liability for respondent' s direct, indirect, incidental, consequential, special or exemplary damages, expenses, or lost profits arising out of this competitive solicitation process, including but not limited to public advertisement, bid conferences, site visits, evaluations, oral presentations, or award proceedings exceed the amount of Five Hundred Dollars ($500.00). This limitation shall not apply to claims arising under any provision of indemnification or the City' s protest ordinance contained in this competitive solicitation.

Submitted by: Patricia Johnson

Name (printed): Patricia Johnson

Signature: Patricia Johnson

Date: 11/19/2016

Title: CEO

SECTION VI - COST PROPOSAL PAGE

Proposer Name: Life Extension Clinics, Inc. DBA Life Scan Wellness Centers

Proposer agrees to supply the products and services at the prices bid below in accordance with the terms, conditions and specifications contained in this RFP.

Cost to the City: Contractor must quote firm, fixed, costs for all services/products identified in this request for proposal. These firm fixed costs for the project include any costs for travel and miscellaneous expenses. No other costs will be accepted.

Notes:
Attach a breakdown of costs including but not limited to labor, equipment, materials and parts. Include in the cost proposal below the total cost for each test and a total cost based on approximately 445 staff members, refer to section 3.2 for more details.

1. **Annual Physical Exam (NFPA 1582 Compliant)**

• Comprehensive Physical	$ 50.00
• Vision (Titmus)	
• Audiometry (hearing) exam	$ 5.00
• Skin cancer assessment	$ 5.00
• Personal Consultation with review of testing results	$ 5.00

2. **Blood and Laboratory Tests**

• Hemoccult Test	$ 5.00
• Urinalysis	$ 5.00
• Lipid Panel	$ 10.00
• Diabetes Tests (Hemoglobin A1C and Glucose)	$ 5.00
• Complete Blood Count	$ 10.00
• Comprehensive Metabolic Panel	$ 10.00
• Thyroid (TSH)	$ 10.00
• PSA (men)	$ 10.00
• CA-125 (women)	$ 20.00

3. **Ultrasound Imaging Tests**

• Echocardiogram Heart Ultrasound	$ 15.00
• Carotid Arteries Ultrasound	$ 15.00
• Aortic Aneurysm Ultrasound	$ 15.00

- Thyroid Ultrasound $ 15.00
- Liver, Pancreas, Gall Bladder, Spleen, & Kidneys Ultrasound $ 15.00
- Bladder Ultrasound $ 15.00
- Pelvic Ultrasound for Women (Ovaries and Uterus) $ 15.00
- Testicular Ultrasound for Men $ 15.00
- Prostate Ultrasound for Men $ 15.00

4. Cardiopulmonary Assessments

- Pulmonary Function Test (Spirometry) $ 10.00
- Resting EKG $ 10.00
- Bruce Protocol Treadmill Stress Test with EKG $ 70.00

5. Fitness Evaluations (NFPA 1582 and Wellness Fitness Initiative Compliant)

- Body Fat and Body Composition Analysis $ 5.00
- Muscular Endurance Evaluation $ 5.00
- Muscular Strength Evaluation $ 5.00
- Aerobic Endurance Evaluation (VO2 max calculation) $ 5.00
- Flexibility Evaluation $ 5.00
- Nutrition and Diet Recommendations $ 5.00
- Exercise Prescription $ 5.00

6. Additional Testing Line Item(s)

- Chest X-ray with Radiologist review $ 64.00
- Lumbar X-ray with Radiologist review $ 30.00
- Hepatitis A Test $ 30.00
- Hepatitis B Test (Hepatitis B Titers also avail for $25) $ 30.00
- Hepatitis C Test $ 50.00
- Hepatitis Vaccines each shot (A = 2 shot series, B = 3 shot series) $ 50.00
- QuantiFeron Gold TB Blood Test $ 64.00
- Cholinesterase and Heavy Metals (HazMat) $ 120.00
- Tetanus/DP $ 50.00

Total Project Cost based on approximately 445 staff members$ 911.00 x 445= $414,505.00

Submitted by:

Patricia Johnson	Patricia Johnson
Name (printed)	Signature
November 20, 2016	CEO
Date	Title

NON-COLLUSION STATEMENT:

By signing this offer, the vendor/contractor certifies that this offer is made independently and *free* from collusion. Vendor shall disclose below any City of Fort Lauderdale, FL officer or employee, or any relative of any such officer or employee who is an officer or director of, or has a material interest in, the vendor's business, who is in a position to influence this procurement.

Any City of Fort Lauderdale, FL officer or employee who has any input into the writing of specifications or requirements, solicitation of offers, decision to award, evaluation of offers, or any other activity pertinent to this procurement is presumed, for purposes hereof, to be in a position to influence this procurement.

For purposes hereof, a person has a material interest if they directly or indirectly own more than 5 percent of the total assets or capital stock of any business entity, or if they otherwise stand to personally gain if the contract is awarded to this vendor.

In accordance with City of Fort Lauderdale, FL Policy and Standards Manual, 6.10.8.3,

> 3.3. City employees may not contract with the City through any corporation or business entity in which they or their immediate family members hold a controlling financial interest (e.g. ownership of five (5) percent or more).
>
> 3.4. Immediate family members (spouse, parents and children) are also prohibited from contracting with the City subject to the same general rules.

Failure of a vendor to disclose any relationship described herein shall be reason for debarment in accordance with the provisions of the City Procurement Code.

NAME	RELATIONSHIPS

In the event the vendor does not indicate any names, the City shall interpret this to mean that the vendor has indicated that no such relationships exist.

LOCAL BUSINESS PREFERENCE CERTIFICATION STATEMENT

The Business identified below certifies that it qualifies for the local BUSINESS preference classification as indicated herein, and further certifies and agrees that it will re - affirm it ' s local preference classification annually no later than thirty (30) calendar days prior to the anniversary of the date of a contract awarded pursuant to this ITB. Violation of the foregoing provision may result in contract termination.

(1) _____ Business Name

is a **Class A** Business as defined in City of Fort Lauderdale Ordinance No. C 12 -04, Sec.2 - 199.2. A copy of the City of Fort Lauderdale current year Business Tax Receipt **and** a complete list of full- time employees and evidence of their addresses shall be provided within 10 calendar days of a formal request by the City.

(2) _____ Business Name

is a **Class B** Business as defined in the City of Fort Lauderdale Ordinance No. C- 12- 04, Sec.2- 199.2. A copy of the Business Tax Receipt **or** a complete list of full- time employees and evidence of their addresses shall be provided within 10 calendar days of a formal request by the City.

(3) _____ Business Name

is a **Class C** Business as defined in the City of Fort Lauderdale Ordinance No. C- 12- 04, Sec.2- 199.2. A copy of the Broward County Business Tax Receipt shall be provided within 10 calendar days of a formal request by the City.

(4) _____ Business Name

requests a **Conditional Class A** classification as defined in the City of Fort Lauderdale Ordinance No. C-12-04, Sec.2-199.2. Written certification of intent shall be provided within 10 calendar days of a formal request by the City.

(5) _____ Business Name

requests a **Conditional Class B** classification as defined in the City of Fort Lauderdale Ordinance No. C-12-04, Sec.2-199.2. Written certification of intent shall be provided within 10 calendar days of a formal request by the City.

(6) Life Extentions Clinics. Inc. Business Name

is considered a **Class D** Business as defined in the City of Fort Lauderdale Ordinance No. C -12 -04, Sec.2 - 199.2. and does not qualify for Local Preference consideration.

BIDDER' S COMPANY: Life Extension Clinics, Inc. DBA Life Scan Wellness Centers

AUTHORIZED COMPANY PERSON:

NAME: Patricia Johnson, CEO

SIGNATURE: _____

DATE: 11/19/2016

CONTRACT PAYMENT METHOD BY P-CARD

THIS FORM MUST BY SUBMITTED WITH YOUR RESPONSE

The City of Fort Lauderdale has implemented a Procurement Card (P-Card) program which changes how payments are remitted to its vendors. The City has transitioned from traditional paper checks to payment by credit card via MasterCard or Visa. This allows you as a vendor of the City of Fort Lauderdale to receive your payment fast and safely. No more waiting for checks to be printed and mailed.

Payments will be made utilizing the City's P-Card (MasterCard or Visa). Accordingly, firms must presently have the ability to accept credit card payment or take whatever steps necessary to implement acceptance of a credit card before the commencement of a contract.

Please indicate which credit card payment you prefer:

Master Card

X Visa Card

Company Name: Life Extension Clinics, Inc. DBA Life Scan Wellness Centers

Name (Printed): Patricia Johnson Signature: Patricia Johnson

Date: 11/19/201 Title: CEO

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 11/16/2016

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
O. E. Wilson Insurance, Inc.
1475 Belcher Rd S
Largo FL 33771

CONTACT NAME:
PHONE (A/C, No, Ext): (727) 535-0524 FAX (A/C, No): (727) 536-9828
E-MAIL ADDRESS: cinda@oewilson.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Auto-Owners Insurance Company	18988
INSURER B : Landmark American Insurance Company	33138
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Life Extensions Clinic,Inc.
1011 N. Macdill Ave
Tampa FL 33607

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:			20690745	11/10/16	11/10/17	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 100,000 $ 10,000 $ 1,000,000 $ 2,000,000 $ 2,000,000 $
A	AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS X HIRED AUTOS X NON-OWNED AUTOS			4159162800	09/18/16	09/18/17	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $ $
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $						EACH OCCURRENCE AGGREGATE	$ $ $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ $ $
B	Medical Professional Liability Claims Made-Retro Date 5/31/01			LHM757626	05/31/16	05/31/17	2,000,000 2,000,000	Aggregate Each Claim

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

CERTIFICATE HOLDER

Life Extensions Clinic, Inc.
1011 N Macdill Ave

Tampa, FL 33607

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE <SK>
Gary I Wilson

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 10/31/2016

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	CONTACT NAME: Valerie Donovan-Wheeler	
PrimeGroup Insurance Services, Inc. 5402 W. Laurel St. Suite 220 Tampa FL 33607	PHONE (A/C, No, Ext): (813)288-8270	FAX (A/C, No): (813)885-4311
	E-MAIL ADDRESS: vwheeler@primegroupins.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Employers Preferred Insurance Co	10346
INSURED	INSURER B:	
Life Extension Clinics, Inc 1011 N MacDill Ave	INSURER C:	
	INSURER D:	
	INSURER E:	
Tampa FL 33607	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** CL16103116405 **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	CLAIMS-MADE / OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS / NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB / OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB / CLAIMS-MADE						AGGREGATE	$
	DED / RETENTION $							$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		EIG1400936 05	11/29/2016	11/29/2017	X PER STATUTE / OTH-ER	
							E.L. EACH ACCIDENT	$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000

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

CERTIFICATE HOLDER

FOR INFORMATIONAL PURPOSES ONLY

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

E Ellsasser #A077187/

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State of Florida
Department of State

I certify from the records of this office that LIFE EXTENSION CLINICS, INC. is a corporation organized under the laws of the State of Florida, filed on August 26, 1998.

The document number of this corporation is P98000075149.

I further certify that said corporation has paid all fees due this office through December 31, 2016, that its most recent annual report/uniform business report was filed on January 29, 2016, 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 Twenty-ninth day of January, 2016

Ken Detzner

Secretary of State

Tracking Number: CC0153314555

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

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

AC#6824861

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
11/03/2015	ME 69518	508182

The **MEDICAL DOCTOR** named below has met all requirements of the laws and rules of the state of Florida.

Expiration Date: **JANUARY 31, 2018**

ANTHONY L CAPASSO
1351 13TH AVE SOUTH SUITE 110
JACKSONVILLE BEACH, FL 32250

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE
AC# 6824861

DATE	LICENSE NO.	CONTROL NO.
11/03/2015	ME 69518	508182

The **MEDICAL DOCTOR** named below has met all requirements of the laws and rules of the state of Florida.
Expiration Date: **JANUARY 31, 2018**

ANTHONY L CAPASSO

LICENSEE SIGNATURE

Rick Scott
GOVERNOR

John H. Armstrong, MD, FACS
STATE SURGEON GENERAL

DISPLAY IF REQUIRED BY LAW

EXPIRATION DATE: **JANUARY 31, 2018**

Your **license number is ME 69518**, please use it in all correspondence with your board/council. Each licensee is solely responsible for notifying the department in writing of the licensee's current mailing address and practice location address. If you have not received your renewal notice 90 days prior to the expiration date shown on this license, please call (850) 488-0595.

Use this section to report name change. Name changes require legal documentation showing the name change. Please make sure that a photocopy of one of the following accompanies this form: a marriage license, a divorce decree or a court order.

Medical Quality Assurance offers you the convenience of several online services. These services give you the ability to renew your license, update your mailing and practice location addresses and update your profile information.

1. Go to **www.FLHealthSource.gov**
2. Click on "Provider Services"
3. Click on "Manage my License"
4. Select your profession
5. Enter the user ID and password that was provided to you on your initial license and click "Sign in using our secure server."
6. If you do not know your user ID and password, click on "Get Login Help?" or call our Customer Contact Center at (850) 488-0595 for assistance.

MAIL TO: **DEPARTMENT OF HEALTH**
DIVISION OF MEDICAL QUALITY ASSURANCE
LICENSURE SUPPORT SERVICES UNIT
P.O. BOX 6320
TALLAHASSEE, FLORIDA 32314-6320

☐ **NAME CHANGE (ATTACH LEGAL DOCUMENTATION)**

FROM: _____
LAST , FIRST MIDDLE

TO: _____
LAST FIRST MIDDLE

DH 2103, 5/98

IMPORTANT ANNOUNCEMENT

THE DEPARTMENT OF HEALTH WILL NOW REVIEW YOUR CONTINUING EDUCATION RECORDS AT THE TIME OF LICENSE RENEWAL.

TO LEARN MORE, PLEASE VISIT **WWW.CEatRENEWAL.COM**

Advanced Cardiac Life Support
National Provider Certification

1373880630145

Pamela Desmarais

Has successfully completed the national Advanced Cardiac Life Support certification examination and clinical skills evaluation in accordance with the most recent published clinical American Heart Association Guidelines for CPR & Emergency Cardiovascular Care; and is hereby granted provider certification by the National Board of Emergency Care Certification for a period of twenty-four months from the date of issuance.

Issue Date 01/06/2015
Expiration Date 01/2017

Registrar

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

AC# 7266091

DATE	LICENSE NO.	CONTROL NO.
07/07/2016	ARNP 2551642	2228746

The ADV REG NURSE PRACTITIONER named below has met all requirements of the laws and rules of the state of Florida.

Expiration Date: JULY 31, 2018

PAMELA LYNN COFSKE DESMARAIS

LICENSEE SIGNATURE

American Academy of CPR & First Aid, Inc.
Health Care Provider CPR

Pamela Desmarais

This individual has successfully completed the above mentioned course, and has demonstrated proficiency in the subject by passing the examination, in accordance with terms and conditions of American Academy of CPR & First Aid, Inc.

AB486192-HCP	01/06/2015	01/06/2017
Certificate Number	Issue Date	Renewal Date

ANCC
AMERICAN NURSES CREDENTIALING CENTER
CERTIFICATION

Certification #
2004004705

Certification Valid
4/11/2015 to 4/10/2020

Name of Certification:
Adult Nurse Practitioner

Awarded to:
Pamela L. Desmarais, ANP-BC