



FIRE AND RESCUE DEPARTMENT
Motor Vehicle Inspections
Ground / Air Ambulance Service Provider Permit Application
(Municipal Code Chapter 158, copy attached)

DATE: 7/19/23

Type of application: New Renewal

Type of service: ALS Transport BLS Transport Air Transport

Change of Name (Change of Ownership) Change of Address _____

1. Name of Service RG Ambulance Service, Inc. DBA Century Ambulance Service, Inc.
Mailing Address 740 Greeland Avenue City Jacksonville State FL
Physical Address of Records 740 Greeland Avenue City Jacksonville State FL
County Duval Zip Code 32221 Phone Number 904-356-0835
Fax Number 904-361-3063 24 Hr. Number 904-356-2828
Manager's Name Charles Maymon Title Senior Vice President

2. Type of Ownership (check that which applies)

A. Individual

Name: _____ SSN: _____

Home Address _____

Business Address _____

Home Phone _____ Business Phone _____

B. Partnership (attach partnership instrument or certified copy thereof)

Name of Partnership _____

Name of Partners _____

With respect to each partner:

SSN _____

Home Address _____

Business Address _____

Home Phone _____ Business Phone _____

C. Corporation (attach articles of incorporation and any amendments thereto)

Exact Corporate Name RG Ambulance Service, Inc. DBA Century Ambulance Service, Inc.

State of Incorporation Florida

Business Address 740 Greeland Avenue

Business Phone 904-356-2828

*Attach list of all officers, directors and stockholders owning five percent or more of the outstanding voting stock with notation of the percentage.

3. Medical Director *See Attachment 3

Mailing Address _____

City _____ State _____ Zip Code _____

Phone Number (____) _____ Fax Number (____) _____

Florida License Number _____ Exp. Date _____

D.E.A. Certificate Number _____ Exp. Date _____

(Attach separate sheet if more than one Medical Director. Attach a copy of Florida Medical License & D.E.A. certificate for each)

4. List the address and/or describe the location of your base station and all substations (attach separate sheet if necessary)

*See Attachment 4

5. I hereby certify that I have applied or will apply to the Florida Department of Health for all license required by law.

6. List any and all violations of federal, state, or local statutes, ordinances, rules and regulations, during the past ten (10) years. (regardless of whether or not such violations are being appealed)

None

7. List all personnel who are to be used as ambulance drivers, EMT's and paramedics, certified by the applicant that all such persons meet requirements specified in s. 158.210 (use additional sheet if necessary)

*See Attachment 7

8. Will you operate under a name other than that stated on this application?

Yes No

If yes, provide the following:

Business name _____

Counties of Registration (Pursuant to Florida Statutes)

Attach a copy of any fictitious name registration.

9. Provide all vehicle information specified on attached Exhibit I. In addition, attach documentation of ownership and a copy of vehicle registration issued by the State of Florida, Division of Highway safety and Motor Vehicles.
10. Attach copy of Certificate of Insurance which applies with all applicable State Statutes and Regulations.
11. Attach a copy of current Advance Life Support License from the State of Florida Department of Health, Bureau of Emergency Medical Services.
12. Attach copy of Duval County Occupational License.
13. Do you operate in another county(s) in Florida? Yes No
 If yes, name the County(s) Baker, Broward, Clay, Columbia, Flagler, Madison, Nassau, St. Johns, Suwannee, Taylor, Union
 Business Address *See Attachment 13 _____
 D.E.A.# *See Attachment 13 _____

I, the undersigned, a representative of the above service do hereby attest that licensee meets all requirements for operations of ambulance service in the state as provided in Chapters 395 & 401, Florida Statutes and Chapter I 0D-66, Florida Administrative Code. I further acknowledge any violations or discrepancies discovered will subject this service and its authorized representatives to actions and penalties provided by law.

I, the undersigned, also acknowledge receiving a copy of Municipal Code Chapter 158.

To the best of my knowledge, all statements on this application are true and correct.



Notary Seal

[Handwritten Signature]
 Signature

Karen C. Robeson
 Notary Public

Charles Maynard
 Name (please print)

4/20/2026 *7/19/23*
 My Commission Expires Date

Sr. Vice President
 Position

7-19-2023
 Date





July 19, 2023

Chief Jake Blanton
Jacksonville Fire Rescue Department
515 North Julia Street
Jacksonville, Florida 32202-4128

Dear Chief Blanton,

Century Ambulance Service, Inc. is in the process of being acquired by RG Ambulance Service, Inc, effective September 14th, 2023. We are requesting a new Certificate of Public Convenience and Necessity stating the name change as RG Ambulance, Inc. DBA Century Ambulance Service, Inc. All documents and information required by Municipal Code Chapter 158.206b is enclosed, including a check in the amount of \$2,000.00 made payable to the City of Jacksonville. Please advise if I can be of further assistance in this matter.

Sincerely,

Charles Maymon
Senior Vice President
RG Ambulance Service, Inc. DBA
Century Ambulance Service, Inc.