

FIRE AND RESCUE DEPARTMENT

CERTIFICATE NO: 1 Authorized by City of Jacksonville Ordinance #2006-1368-E

THE CITY OF JACKSONVILLE FIRE AND RESCUE DEPARTMENT

CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR

NON-TRANSPORTATION ADVANCED LIFE SUPPORT SERVICES

Upon consideration of the record with respect to this Certificate of Public Convenience and Necessity ("Certificate"), authority to issue this Certificate was approved by the City of Jacksonville Council, upon recommendation of the Jacksonville Fire and Rescue Department, pursuant to Chapter 158, Part 5, Municipal Ordinance Code and is hereby granted to THE CITY OF JACKSONVILLE BEACH, FLORIDA, a municipality located within the General Services District (also known as Urban Services District *2)(the "Certificate Holder"), to provide emergency medical non-transportation Advanced Life Support ("ALS") services in accordance with the provisions of Chapter 158, Part 5 of the Municipal Ordinance Code, of the City of Jacksonville and the laws, rules and regulations of the State of Florida. In addition to being subject to the aforementioned City and State laws/regulations, this Certificate is issued and the emergency medical non-transportation ALS service hereby authorized shall be provided subject to the following conditions:

- 1. The State of Florida Department of Health must issue the Certificate Holder a license for the non transportation ALS services, which license must be presented to the Division of Chief of Rescue prior to exercising authority pursuant to this Certificate; and
- 2. The Certificate Holder must follow all procedures required for provision of ALS services in non-transportation situations, as codified in the most recent edition of the Florida Administrative Code, Part 64-E; and
- 3. The Certificate Holder must follow operating guidelines, consistent with those of the City of Jacksonville Fire and Rescue Department, for provision of emergency medical services including ALS, but in non-transportation settings, as, approved by the Division Chief of Rescue; and
- 4. The Certificate Holder must use drugs, including, but not limited to, narcotic medications (collectively referred to as the "Drugs") that are approved by the Division Chief of Rescue; and
- 5. The Certificate Holder must provide such Drugs, at its sole cost and expense and at no cost, expense, responsibility, provision, purchase reimbursement, replacement or exchange by or of the City of Jacksonville. This Certificate may be suspended or terminated, pursuant to procedures in the Ordinance Code.

This Certificate shall remain in force and effect for the period of four (4) years ending Staly 18, 2020

Date of Issuance:

BY ORDER OF THE CITY OF JACKSONVILLE

CONFIRMED:

Director/Fire Chief Fire and Rescue Department

Division Chief of Rescue Division



CERTIFICATE NO.: 1 Authorized by 1368-E.

City of Jacksonville Ordinance # 2006-

THE CITY OF JACKSONVILLE FIRE AND RESCUE DEPARTMENT

CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR

NON-TRANSPORTATION ADVANCED LIFE SUPPORT SERVICES

Upon consideration of the record with respect to this Certificate of Public Convenience and Necessity ("Certificate"), authority to issue this Certificate was approved by the Jacksonville City Council, upon recommendation of the Jacksonville Fire and rescue Department, pursuant to Chapter 158, Part 5, Municipal Ordinance Code and is hereby granted to THE CITY OF JACKSONVILLE BEACH, FLORIDA, a municipality located within the General Services District (also known as Urban Services District # 2)(the "Certificate Holder"), to provide emergency medical non-transportation Advanced Life Support ("ALS") services in accordance with the provisions of Chapter 158, Part 5 of the Municipal Ordinance Code, of the City of Jacksonville and the laws, rules and regulations of the State of Florida. In addition to being subject to the aforementioned City and State Jaws/regulations, this Certificate is issued and the emergency medical non-transportation ALS service hereby authorized shall be provided subject to the following conditions:

- The State of Florida Department of Health must issue the Certificate Holder a license for the nontransportation ALS services, which license must be presented to the Division Chief of Rescue prior to exercising authority pursuant to this Certificate; and
- The Certificate Holder must follow all procedures required for provision of ALS services in nontransportation situations, as codified in the most recent edition of the Florida Administrative Code, Part 64-E; and
- The Certificate Holder must follow operating guidelines, consistent with those of the City of Jacksonville Fire and Rescue Department, for provision of emergency medical services including ALS, but in nontransportation settings, as, approved by the Division Chief of Rescue; and
- 4. The Certificate Holder must use drugs, including, but not limited to, narcotic medications (collectively referred to as the "Drugs") that are approved by the Division Chief of Rescue; and
- 5. The Certificate Holder must provide such Drugs, at its sole cost and expense and at no cost, expense, responsibility, provision, purchase reimbursement, replacement or exchange by or of the City of Jacksonville. This Certificate may be suspended or terminated, pursuant to procedures in the Ordinance Code.

This Certificate shall remain in force and effect for the period of ten (10) years, ending 1217, 2016.

Date of Issuance: December 7, 2006.	BY ORDER OF THE COUNCIL OF THE CITY OF JACKSONVILLE
	By: President of the City Council
	CONFIRMED:
	By: Wanuff - Clement Director/Fire Chief/Fire and Rescue Department
	By: Division Chief of the Rescue Division



FIRE AND RESCUE DEPARTMENT

Motor Vehicle Inspections

Ground / Air Ambulance Service Provider Permit Application (Municipal Code Chapter 158, copy attached)

DATE: 1119 03, 2	016	
Type of application:	New	Renewal_
ALS Transport	BLS Transport	Air Transport
Change of Name	Change	of Address
1. Name of Service Mailing Address 3 Physical Address of County Duval Fax Number 9-4	JACKSONVILLE 25 2 1 ALP AVE SOV Of Records SAME L Zip Code 3 2 - 247-6/55 24 Hr. N	BEACH FIRE DECT. THCity JAX BCH State FL City State 250 Phone Number 904-247-620 TMILLTitle FIRE CHIEF
2. Type of Ownership	o (check that which applies	;)
A. Individual		•
00[1.		
rione Address		
Business Address		
Home Phone	Bu	siness Phone
		ment or certified copy thereof)
Name of Partnership	3	
Name of Partners		
With respect to each SSN	partner;	
Home Address		
manifest Marie 23		
Home Plione	Bu	siness Phone

	C.	Corporation (anach articles of incorporation and any amendments thereto)
		Exact Corporate Name
		State of Incorporation
		Business Phone
		*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 LEONARDO L. ALONEO Mailing Address 831 CHICOPIT LANE
		City JACKSONVILLE State FL Zip Code 3 2225
		Phone Number (904) 994-0857 Fax Number (904) 247-6155
		Florida License Number 05 6584 Exp. Date 3/21/2018
		D.E.A. Certificate Number 3 12555521 Exp. Date 6 30 70 19 (Attack separate sheet if more than one Medical Director. Attack 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)
		JEFD STATION ONE - 325 SECOND AVENUE SOUTH. JE 32250
		JBFD STATION TWO- 2500 SOUTH BEACH PARKWAY JR 32250
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) NA
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)
8.		Will you operate under a name other than that stated on this application? Yes No If yes, provide the following:
		Business name

	Attach a copy of any fictitious name	to Florida Statues) re registration.
9.	Provide all vehicle information spe documentation of ownership and a Florida, Division of Highway safet	ccified on attached Exhibit 1. In addition, attach copy of vehicle registration issued by the State of y and Motor Vehicles.
10.	Attach copy of Certificate of Insura Statutes and Regulations.	ance which applies with all applicable State
11.	Attach a copy of current Advance I Department of Health, Bureau of E	Life Support License from the State of Florida mergency Medical Services.
12.	Attach copy of Duval County Occu	upational License.
13.	Do you operate in another county(s If yes, name the County(s) Business Address D.E.A.#	s) in Florida? Yes No_ 🗸
requirem Florida S violation actions a	nents for operations of ambulance se Statutes and Chapter 10D-66, Florida is or discrepancies discovered will a and penalties provided by law. dersigned, also acknowledge receivances cest of my knowledge, all statements	Florida 490 , 2019
<u>Cā</u>	Notary Public	Name (please print)
My Com	mission Expires Date	Administrative Assistant Position
		5/18/2016 Date

Florida Department of Health

LEONARDO LAZARO ALONSO

License Number: OS6584

Data As Of 5/6/2016

Profession

Osteopathic Physician

License

OS6584

License Status

CLEAR/ACTIVE

Qualifications

VOLUNTEER

Volunteer

License Expiration Date
License Original Issue Date

3/31/2018 04/08/1993

Address of Record

831 CHICOPIT LANE

JACKSONVILLE, FL 32225

UNITED STATES

Controlled Substance Prescriber

Yes

Discipline on File

Nο

Public Complaint

Nο

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.

DEA REGISTRATION NUMBER THIS REGISTRATION FEE FA0180872 06-30-2019 DATE ISSUED SCHEDULES **BUSINESS ACTIVITY** 2,2N,3 PRACTITIONER 05-06-2016 3N,4,5 ALONSO, LEONARDO L, DO JACKSONVILLE BEACH FD **325 2ND AVE S** JACKSONVILLE BEACH, FL 32250

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE United States department of Justice Drug enforcement administration Washington, D.C., 20137

Sections 304 and 1008 (21 U.S.C. 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Atlorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE UNITED STATES DEPARTMENT OF JUSTICE DRUG ENFORCEMENT ADMINISTRATION WASHINGTON, D.C, 20537

DEA REGISTRAT NUMBER	ION THIS REGISTRATION EXPIRES	FEE PAID
FA0180872	06-30-2019	\$731
SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED
2,2N,3 3N,4,5	PRACTITIONER	05-06-2016

Form DEA-223 (05/04)

ALONSO, LEONARDO L. DO JACKSONVILLE BEACH FD **325 2ND AVE S** JACKSONVILLE BEACH, FL 32250

Sections 304 and 1008 (21 U.S.C. 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

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DEPARTMENT OF HEALTH BUREAU OF EMERGENCY MEDICAL OVERSIGHT

ADVANCED LIFE SUPPORT LICENSE

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☐ TRANSPORT

NON-TRANSPORT

County(ies)

Emergericy Medical Services Administrator
| Florida Department of Health

Date: 12/02/2014 Expires: 12/31/2016

DH Form 1161, March 2013

This certificate shall be posted in the above mentioned establishment

(2)

STATE OF FLORIDA DEPARTMENT OF HEALTH EMERGENCY MEDICAL SERVICES PROGRAM APPLICATION FOR VEHICLE PERMIT(S)

(611		Jours	VEHICLE DATA	V.I.N.		HEZAB FAXOLHO	4 FNG AAAB76 100 16	44KFT YZGXA WZZ											
Provider # /(6/1		County Doved	VEHICL	MODEL		Punper		のしょナ											
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Fir B	Ave S	Code 3		YEAR		2000	2006	2010											
7	2nd	Zip		BLS								9							
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740577		Seech State	PERMIT TYPE		TRANS											t		34	
r Jac	ress	City Jacksonville Beichstee Fl	PER	CURRENT	PERMIT #	Q 55.8	4036	6348											
EMS Provider	Business Address	Jake		NEW															
EMS]	Busin	City		DUPLICATE															
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Enclose Permit Fee. Please do not send cash. Checks should be made payable to Emergency Medical Services and mailed to 4052 Bald Cypress Way, Bin C-30, Tallahassee, Florida 32399-1738. All fees are nourefundable §401.34(1) Fla. Sint.

Admin. Code, are present and in working order on the above described vehicles. I also affirm that the equipment and medical supplies in the required quantities will be continuously maintained at the specified level. I further affirm that the above described vehicles will be staffed, during operation, in accordance with Chapters 395 and 401. Fla I, the undersigned representative of the above named firm, do hereby affirm that all equipment and medical supplies required by Chapter 401. Fla. Stat., and Chapter 64J-1, Fla. Stat., and Chapter 641-1, Ribertamih. Code.

Marsha

FALSE OFFICIAL STATEMENTS: § 837.06, Fla. Stat.: Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in

the performance of his official duty shall be guilty of a misdemeanor of the second degree.

DH Form 1510, May 1998

SIGNATURE

JACKSONVILLE BEACH FIRE DEPARTMENT

PARAMEDIC/EMT LIST

MAY 2016

PARAMEDIC

Captain Ryan McAvoy

Lieutenant Poline Metcalf

Engineer Robert Tanner

Engineer Todd Kirshbaum

Engineer Gerardo Troyer

Engineer Bryson Hendricks

Lieutenant Edward Dawson

Engineer Allen Segura

Engineer Patrick McCoy

Lieutenant Ryan Sheehan

Engineer John Wiggins

Captain David Rice

Lieutenant Richard Hunter

Engineer Betsy Kirshbaum

Engineer Adam Pearson

Engineer Caleb Gressman

Engineer Jason Sparrow

Firefighter Christopher Fox

Firefighter William Richters

Captain Steve Sciotto

Lieutenant John McDaniel

EMT

Captain Ronald Rabon

Engineer Matthew McLerren

Engineer Robert Koon

Lieutenant Jeffery Nash

Engineer Shawn O'Shell

Engineer Scott McIllwain

Lieutenant Damien Reichert

Engineer William Nugent

Chief David Whitmill

LORIDA VEHICLE REGISTRATION	COMGY	2	78	398765

Expires Midnight // CITY242277 **'LATE DECAL** 117 19.10 Class Code RED Reg. Tax COLOR R/MK 2006/EMBR BODY FT Init, Reg. Tax Months 12 4EN8AAA8781001604 TITLE 97024337 IN 3 00 Back Tax Mos 40000 County Fee late Type GVR GVW NET WT 23467 Mail Fee Credit Class Credit Months Sales Tax IL/I LID Voluntary Fees hate Issiled 10/31/2006 Plate Issued 10/31/2006 22.10

CITY OF JACKSONVILLE BEACH 1460 SHETTER AVE JACKSONVILLE BEACH, FL 32250

722

CVR -PLATE ISSUED-X

Grand Total

Alait Lion Satisfaction to: Dept of Highway Safety and Ma	or Vehicles, Neil	Historian Building, Tolk	inasco, PL 22288-458	•	A01239
		WT-1-8HP Vss		te Hamber 7024337	# 722
Registered Owner: CITY OF JACKSONVILLE BEACH 1480 SHETTER AVE JACKSONVILLE BEACH FL 32250	8	Bata of Issue	10/31/2008		Uen Release Interest in the described vehicle is hereby released by
					ANT INFORMATION ownership of the vehicle described herein

Mail To.

STATE OF FLORIDA

CITY OF JACKSONVILLE BEACH 1480 SHETTER AVE JACKSONVILLE BEACH FL 32250-3432

In Hamilain In India Hamadala Hamilai I and I an

- transferred, the seller MUST complete in full the Transfer of Title by Selfer section at the bottom of the certificate of title.
- Upon sale of this vahicle, the seller must complete the notice of sale on the raverse side of this form.
- 3 Remove your license plate from the vehicle;
- 4. See the web address below for more information and the appropriate forms required for the purchaser to title and register the vehicle, mobile home or vessal. http://www.hsmw.stele.fl us/html/tiblid html

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Odometer States or Versel Manufacturer or CH us 344 NIZLES 09/29/2000	PERSONAL PROPERTY OF	Had Makeda	10/31/200	
city of Jacksonville Beach	MESSAGE IN			
1460 SHETTER AVE JACKSONVILLE BEACH FL 322				
Lienholder				
NONE				

CHTY

CI H 2972

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STATE OF FLORIDA APPLICATION FOR VEHICLE/VESSEL **CERTIFICATE OF TITLE**

TRANSACTION (D.S.

L# 834425

T# 640849713

552081

	VEH CLEIVERSEL		YR MAKE	MAYRUFAC	TURER	TYPE	VEHICLE	COCON	WT/LENGTH	GVN	
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Applicant/Owner's I CITY OF JAC	Harrin & Arkinss KSONVELLE BE	EACH		111							
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JACKSONVILI											
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JACKSONVIL	LE BEACH FL	32250	SEE &		ORIOA		DEPARTME	Off OF HIG	HWAY SAFETY	AND NOTOR VE	HICLES
JACKSONVILI or Lienholder NONE	LE BEACH FL	32250	SEE	41			DEPARTME	ext of Hig	HWAY SAFETY	AND MOTOR VE	HIGLES
DACKSONVILLE The Lienholder NONE BIVISION OF MOTOR	LE BEACH FL	32250		41	ORION 3363		Del	Qn	HAWAY SAFETY	AHD MOTOR VE	HICLES
JACKSONVILI The Lienholder NONE	LE BEACH FL	32250 TALAHS		41			DEPARTMI Julie L. Jor Executive E	Qn	HWAY SAFETY	AHD MOTOR VE	HICLES
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STATE OF FLORIDA

713 51-13 STATE OF FLORIDA APPLICATION FOR VEHICLE/VESSEL CERTIFICATE OF AND/OR REGISTRASIAN AUY # 260099832 1.4 132757 DECAL NUMBER DATE OF ISSUE TITLE HUMBER VINCE VERSE CONTRACTOR / 79 YAFE MAKE OF MAKE ACTURED WELENST 32025455 IFVABTAK61HG76379 111 0782 YENEL LEE RETE TITLE Owner Registrant's Name & Address \$27,00 CETY OF JAX ECH PLATE 11 MORTH GRD STREET DATE INTERNET VOLUNTARY KIOSK FEE CONT TOTAL ISSUED ISSNO TOTAL JAX BCH, FL BP250 X 10/27/00 \$0.00 S \$53.B5 **FLORIDA VEHICLE REGISTRATION** CREDIT VEHICLE DL# - GVJ 31000 TRG= CITY200770 FLEET MINISER TRG= CITY200770 OECAL=: EXP // VIH 1FVN0TAKG1HG7G379 TC 02025455 YR/HAKE 2001 FRE1 OECRL=: CERT Property DUF MTV_CC_ILV_DALL ON VESSEL DESCRIBED BELOW IS VESTED IN THE OWNERS! MAKED HEREIN, THIS OFFICIAL CERTIFICATE OF TITLE IS RESIDED FOR BAD MOTOR VEHICLE OR VEHSEL IDENTIFICATION HUMBER ÿR. 2001 MAKE MODEL BOOY WY-L-MAP VERSEL RECUS NO. TITLE MINISTRA 1FVABTAKS 1H978379 FREI 10782 TK 82028465 PL COLOR PROMARY BRAND SECONDARY BRAND PREV ISSUE DATE PVT 10/27/2000 COONETER STATUS OR VESCEL MANUFACTURER DATE OF HOME 22487 MILES 10/23/2000 ACTUAL 12/07/2000 REGISTERED OWNER
CITY OF JAX BCH
11 NORTH 3RD STREET
JAX BCH FL 32250 DUPLICATE LIEN RELEASE RITEREST IN THE ABOVE DESCRISED VEHICLE IS HEREIY RELEASED BY THILE DATE 15T LIENHOLDER NONE DIVISION OF MOTOR VEHICLES TALLAHASIBE FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES William 7. Joy WILLIAM T. JOYCE FRED OLDICAMSOR IN DIRECTOR EXECUTIVE DIRECTOR Ō ODOMETER CERTIFICATION - Federal and strict low request that you niste the milespy in tessession with the americal and complete or properties of strict interest may receive in these and/or ingelements.

This stile is werented and certified to be free from any four exercise on acted on the loss of this certificate and the matter validate or vessel described in here Salling Price: S_ l'We eten that ble . S et . G delt voneter eve rents . Die . Die im tee Miles, deterring

and to the best of my harvidege the electric described bends, unless the electric miles, one problem of miles, the described bends, unless the electric miles, one at the electric miles, one at the electric miles, unless the electric miles, one at the electric miles, and the electric miles, one at the electric miles, and UNIDER PENALTIES OF PERJUNY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT, ARE TRUE. Printed Name of Co-Percheser Printed Rame of Co-Sollar Tae Colleged E.

CERTIFICATE OF COV	'ERAGE							
Certificate Holder		Administrator Issue Date 9/13/05						
JACKSONVILLE BEACH 325 2 ^{NO} AVENUE S JACKSONVILLE BEACH		Florida League of Cities, Inc. Public Risk Services P.O. Box 530066 Orlando, Florida 32853-0065						
Coverages This is to centify that the adreement below Term on condition of any contract on oil Agreement deecribed herein is subject to	HEA DOCUMENT WITH RESPECT TO WHICH TO	OR CONTRIGATE MAY BE IN FUED OF	D PRINCATED. NOTWITHSTANDING ANY REQUIREMENT, R MAY PERTAIN, THE COVERAGE AFFIRMED BY THE					
COVERAGE PROVIDED BY:	FLORIDA MUNICIPAL	INSURANCE TRUST						
AGREEMENT NUMBER: FIAIT 0280	COVERAGE PERIOD: FROM 10/0	1/04 COVERAGE PERIOD	: TO 10/01/05 12:01 AM STANDARD TIME					
TYPE OF COVERAGE - LIABILITY		TYPE OF COVERAGE - P	ROPERTY					
General Liability		⊠ Buildings	23 Miscellaneous					
Comprehensive General Liability, Box Personal Injury	By Injury, Property Demage and	☐ Basic Form ☐ Special Form	Electronic Data Processing					
Errors and Omissions Liability		Personal Property	□ Bond					
Supplemental Employment Practice Employee Benefits Program Adminis	5	Basic Form	Special Wind Deductible					
 Employee Benefits Program Adminis Medical Attandants/Medical Director 	·	Agreed Amount						
Broad Form Property Damage	e Iwedutichch Clarical	Deductible Stopless S	25 000 *					
Law Enforcement Liebility		Communica 90%	-u					
Underground, Explosion & Colleges I	(erap)	⊠ Blanket						
		☐ Specific						
Limits of Liebbity * Combined Single Limit		Replacement Cost						
Deductible Stoplose \$10,000		Actual Cash Value						
Automobile Liability		Limits of Liability on File with Administrator						
All owned Autos (Prizata Passenger)		TYPE OF COVERAGE - WORKERS' COMPENSATION						
All owned Autos (Other than Private F Hirad Autos	Passenger)	Statutory Workers' Con	ncentralina					
Mon-Owned Autos		Employers Liability	\$1,000,000 Each Accident					
Umits of Liability		,,	\$1,000,000 By Disease \$1,000,000 Aggregate By Disease					
*Combined Single Limit		☐ Deductible N/A						
Oeduciicle Stoplosa \$10,000		☑ \$150,000 SELF INSURED RETENTION						
Automobile/Equipment - Deductible		<u> </u>						
Physical Dernage Per Schedule - C	omprehensiva Aulo Per Schedule	- Collision - Auto Per Sche	dule - Miscellaneous Equipment					
absourc raises of arabida sub rucassised to 23	2,000,000 for General Liebliky and \$1.0	CID.000 for Automobile 1 tability	or Properly Damage per occurrence. These (combined single limit) per occurrence, solely for dipursuant to Federal Liew or actions outside the					
Description of Operations/Locations/Ve	hicles/Special Items		PERSONNEL DEPARTMENT					
	RE: COVERAGE VERIFICAT	ION	25P 1 6 2005					
			RECEIVED					
THIS CERTIFICATE IS ISSUED AS A MATTER OF BE ALTER THE COVEMAGE AFFORDED BY THE AGRE	FORMATION CRILY AND CONFERS NO RESINTS	UPON THE CENTIFICATE HOLDER.	. THIS CERTIFICATE CORES NOT ALLEND, EXTEND ON					
DESIGNATED NEMBER		CANGELLATIONS	<u></u>					
		Cancellations Bould by Part of The Arove Deletible adresment by Cancelled Uptore The Exporation date There is the Esphalich will expended to male 45 cans Written Notice to the Cours leate include Howeld Above, but parties to male Buch Notice shall before the object house healthy of any word of the Inch						
MS CAROL NEITH		PROGRAM IS ACCUSE ON REPRESENTATIVES						
CITY OF JACKSONVILLE		mlrs all						
POST OFFICE BOX 5138		Michael Marle						

AUTHORIZED REPRESENTATIVE