

RESOLUTION NO. 2025- 496

**A RESOLUTION BY THE BOARD OF COUNTY COMMISSIONERS
OF ST. JOHNS COUNTY, FLORIDA, GRANTING A CERTIFICATE OF
PUBLIC CONVENIENCE AND NECESSITY TO AMERIMED
EMERGENCY MEDICAL SERVICES, LLC.**

RECITALS

WHEREAS, section 401.25, Florida Statutes and St. Johns County Ordinance Code 2012-20 require, unless expressly exempted or excluded, any person or entity engaging in emergency or non-emergency medical transport services originating in St. Johns County first obtain a Certificate of Public Convenience and Necessity (COPCN); and

WHEREAS, Amerimed Emergency Medical Services, LLC (“Amerimed”), currently holds the required COPCN and submitted the required application and supporting material to St. Johns County Fire Rescue Department (SJCFRD) seeking renewal to operate, conduct, or otherwise engage in advanced life support non-emergency medical transport services originating in St. Johns County; and

WHEREAS, as required by the Ordinance Code, SJCFRD reviewed the renewal application and investigated Amerimed and the public necessity for the proposed services, and recommends granting the COPCN; and

WHEREAS, issuing a COPCN to Amerimed subject to terms and conditions necessary for the protection of the public health, safety, and welfare, is in the best interest of the County.

NOW THEREFORE, BE IT RESOLVED by the Board of County Commissioners of St. Johns County, Florida, that:

Section 1. The above Recitals are hereby incorporated into the body of this Resolution and are adopted as findings of fact.

Section 2. In accordance with St. Johns County Ordinance Code 2012-30, the Board of County Commissioners find that there is a public necessity for advanced life support non-emergency medical transport services in the County and that Amerimed Emergency Medical Services, LLC has sufficient knowledge, expertise, personnel, and equipment to properly operate and provide the proposed service.

Section 3. The Chair is authorized to execute and issue a Certificate of Public Convenience and Necessity to Amerimed Emergency Medical Services, LLC, in substantially the same form as attached hereto.

Section 4. To the extent that there are typographical, administrative and/or scrivener's errors or omissions that do not change the tone, tenor, or concept of this Resolution, then this Resolution may be revised without subsequent approval of the Board.

PASSED AND ADOPTED by the Board of County Commissioners of St. Johns County, Florida, this 16th day of December 2025.

BOARD OF COUNTY COMMISSIONERS OF ST.
JOHNS COUNTY, FLORIDA

Rendition Date DEC 18 2025



Clay Murphy, Chair

ATTEST: Brandon J. Patty,
Clerk of the Circuit Court & Comptroller

By: 
Deputy Clerk



St. Johns County
Certificate of Public Convenience and Necessity

WHEREAS, Amerimed Emergency Medical Services, LLC has requested authorization to provide Advanced Life Support and Basic Life Support non-emergency medical services that originate within St. Johns County.

WHEREAS, the above named service affirms that it will maintain compliance with the requirements of the Emergency Medical Services Act (Chapter 401, F.S.) and Rules (Chapter 64J-1, 64J-2, 64J-3 F.A.C.) and St. Johns County Ordinance 2012-20.

WHEREAS, Amerimed Emergency Medical Services, LLC has indicated that it desires not to conflict with the current level of pre-hospital service being provided by the St. Johns County Fire Rescue Department.

NOW, THEREFORE, IT IS HEREBY ORDERED, that the Board of County Commissioners issue a Class B/C Certificate of Public Convenience and Necessity to said service to provide non-emergency medical services with the following limitations:

1. Amerimed Emergency Medical Services, LLC will provide scheduled non-emergency ambulance transportation originating within the boundaries of St. Johns County.
2. Amerimed Emergency Medical Services, LLC will provide Class C as defined in St. Johns County Ordinance 2012-20 ambulance transportation originating within the boundaries of St. Johns County.
3. Amerimed Emergency Medical Services, LLC will provide emergency inter-facility ambulance transportation, as requested by the St. Johns County Fire Rescue Department.
4. Amerimed Emergency Medical Services, LLC will provide mutual aid when requested to do so by the St. Johns County Fire Rescue Department.

Certificate Type: Class B/C

Date issued: December 16, 2025

ATTEST: Brandon J. Patty, Clerk of the Circuit
Court & Comptroller

By: _____
Deputy Clerk

Date of Expiration December 16, 2027
Unless Certificate is sooner revoked or
suspended

County Administrator

Chair, Board of County Commissioners

Amerimed

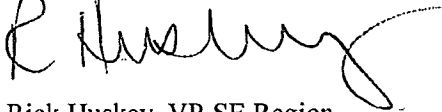
11-18-2025

Chief Bob Snell
St Johns County Fire Rescue
3657 Gaines Rd
St Augustine, FL 32084

Dear Chief Snell,

Thank you for sending me information on a renewal of our current COPCN. I have completed all information, and it is attached, along with payment. Please let me know if you need any additional information.

Respectfully,



Rick Huskey, VP-SE Region

[Type here]

CHECK		COPCN Application Items Needed
✓	A.	Completed COPCN Application (pages 1-3)
✓	B.	Boundaries of the intended service area(s), goal response time(s), (application page 4)
✓	C.	A narrative describing the applicant's communication system, including its assigned frequency, call number, mobiles, portables range and hospital communications ability (application page 4)
✓	D.	A narrative providing all geographical areas the applicant has been authorized to serve. (application page 4)
✓	E.	A narrative describing the need for service in the intended service area (separate Word/PDF document)
✓	F.	A copy of the applicant's application for State of Florida EMS License
✓	G.	Certificate(s) of insurance naming the County as an additional insured (public liability, property damage and malpractice)
✓	H.	A copy of the applicant's EMS standard operating procedures containing all general and specific instructions to personnel
✓	I.	A narrative stating that should a temporary situation arise that poses a serious or imminent threat to public health, safety, welfare, or public need and convenience, applicant shall offer assistance and abide by the orders of the St. Johns County Fire Chief (separate Word/PDF document)
✓	J.	Certification by the applicant that all information included in the application is true and correct. (application page 5)
✓	K.	Proof that the applicant possesses all required federal and/or State of Florida licenses and permits
✓	L.	A copy of the applicant's fee schedule
✓	M.	Financial affidavit of solvency
✓	N.	Such other reasonable information as may be required by the County
✓	O.	An application fee of two hundred and fifty dollars (\$250) per classification requested

** When all items have been completed, place them in order and send to St. Johns County Fire Rescue: Attention Deputy Chief Robert Snell, 3657 Gaines Rd, St. Augustine FL 32084. Make check payable to "St. Johns County BOCC".

** If you have any questions, please feel free to call Deputy Chief Robert Snell at 904-209-1727



**St. Johns County
Board of County Commissioners
Application For Certificate of
Public Convenience and Necessity**

I. **Classification of Certificate Request**

(Refer to Section 4, St. Johns County Ordinance 2012-20 for classification)

- Class A Certificates of public convenience and necessity for governmental entities that use advanced life support rescue units to conduct emergency and non-emergency pre-hospital advanced life support, basic life support or interfacility transportation services.

The St. Johns County Fire Rescue Department shall be the only Class A Certificate holder in the County, and shall be responsible for providing emergency and nonemergency pre-hospital ALS and BLS services within the County.

- Class B Certificates of public convenience and necessity for businesses and agencies that use Ambulances to provide specific emergency and non-emergency medical service and interfacility medical transport services as identified on the Certificate, providing the services complies with all applicable laws, ordinances, rules and regulations.

- Class C Certificates of public convenience and necessity for businesses, agencies and hospitals that provide Ambulances to conduct specific emergency or non-emergency interfacility medical transport or transport services requiring onboard clinical capabilities which may exceed those of a conventionally equipped and staffed ALS Ambulance which services originate within the County pursuant to a physician's order, or emergency or non-emergency interhospital transport or transport services, interhospital neonatal and emergency or non-emergency organ/blood transport, including the transport of transplant teams or other emergency or non-emergency interhospital medical transport services at the ALS or BLS level between two (2) establishments licensed as hospital pursuant to Chapter 395, Florida Statutes.

- II. Type of Application: Renewal New

- III. Level of Service: BLS ALS

- IV. Date of Application:

- V. **Application fee of \$250.00 must accompany this application.**
Please make check payable to **St. Johns County, Florida.**

Application Fee Attached: Yes No

**Applications for a Certificate will be obtained from the
St. Johns County Fire Rescue Department.
Completed applications will be returned to the
St. Johns County Fire Rescue Department, and must include;**

A. Name and address of the applicant; or if the applicant is a partnership, names and address of each partner, or if the application is a corporation, names and addresses of all officers, directors and stockholders holding 25% or more of the outstanding shares;

Name of Ambulance Service:

Mailing Address:

City: County:

State and Zip Code: Business Phone:

Name of owner(s) or all officers, partners, directors and shareholders, if a corporation. If you need more spaces, please attach separate a document.

Name	Address	Position
Dixon Marlow	4908 Golden Parkway STE 100 Buford GA 30518	CEO
Reg James	4908 Golden Parkway STE 100 Buford GA 30518	President

B. The names, addresses and phone number of three (3) local references;

Name	Address	Phone
Doug Adkins	554820 US-1 Hillard FL	904-845-7501
John Robinson	3947 Salisbury Rd, Jacksonville, FL 32216	904-296-3533
Shelia Carr	3947 Salisbury Rd. Jacksonville, FL 32216	904-296-3533

Please attach the requested documents for C-J

- C.** A narrative describing the need for service in the intended service area;
- D.** A copy of the applicant's application for State of Florida EMS license;
- E.** Certificate(s) of insurance (Note: The County will be named as an additional insured if awarded);
- F.** A copy of the applicant's EMS standard operating procedures containing all general and/or specific instructions to personnel;
- G.** A narrative stating that should a temporary situation arise that poses a serious or imminent threat to the public health, safety, welfare, or public need and convenience, applicant shall offer assistance and abide by the orders of the St. Johns County Fire Rescue Chief;
- H.** Proof that the applicant possesses all required federal and/or State of Florida licenses and permits;
- I.** A copy of the applicant's fee schedule;
- J.** Financial affidavit of solvency;
- K.** Such other reasonable information as may be required by the County

For Letters L - N please write your narrative in the box below. The box will expand to fit. Please write the letter next to the start of each narrative. (i.e. K-description, L-description, M-description)

L. The boundaries of the intended service area(s), and the applicant's goal response time(s);
(The text field below will expand to fit your data should you need more room than provided)

M. A narrative describing the applicant's communication system, including its assigned frequency, call number, mobiles, portables, range and hospital communications ability;
(The text field below will expand to fit your data should you need more room than provided)

N. A narrative providing all geographical areas the applicant has been authorized to serve;
(The text field below will expand to fit your data should you need more room than provided)

L.
Amerimed would be providing interfacility transports throughout St. Johns County. Our contracted response times are:
Primary/Metropolitan Areas: 60 minutes or less >=90%
Outside Primary Areas Drive Time >=90%

M.
Amerimed uses the Motorola Wave PTX system for communications. It is a nationwide mobile network with multiple talk groups, with all units in our system connected to a central communications center. Each unit carries two (2) Motorola Wave PTT radios. Many of our units have dedicated UHF/VHF radios for hospital communication. This would depend on systems used in the local areas. All units have cell phone capabilities to call any hospital facility.

N.
Amerimed currently provides services in the Southeast and Midwest Regions of the United States including:
Florida - Nassau, Columbia, Suwannee, Alachua, Bay, Putnam, Bradford, and Union Counties
Georgia - Entire State
South Carolina - Entire State
Tennessee - Entire State
Indiana - Entire State
Ohio - Entire State

Attachments

ITEM C: A narrative describing the need for service in the intended service area:

Amerimed EMS primarily provides EMS service to Behavioral Health facilities, throughout the Southeastern United States and Midwestern United States. In addition, we also handle the typical BLS and ALS interfacility transports.

Wekiva Springs Center (Behavioral Health), in Jacksonville, FL, had contacted me regarding our service area in the North Florida Region, and how we could assist them. Wekiva was having difficulty getting patients transferred to them from several counties in the NFL region. I explained how the COPCN process worked and that I had to obtain a COPCN for each County in which patient pick ups originated.

Amerimed would primarily be providing transport for the Baker Act patients going from Hospitals and Freestanding Behavioral Health Facilities in St. Johns County to other Behavioral Health Hospitals.

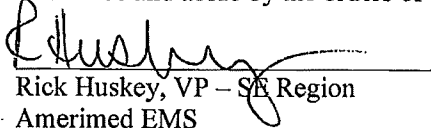
ITEM D: A copy of the applicant's application for State of Florida EMS License
Attached is a copy of our current Florida ambulance license

ITEM E: Certificate of Insurance with county named as additional insured
Attached is a copy of Certificate of Insurance

ITEM F: A copy of the applicant's EMS standard operating procedures containing all general and/or specific instructions to personnel
Our SOP's can be found at <https://www.amerimed.net/sop/>

ITEM G: A narrative stating that should a temporary situation arise that poses a serious or imminent threat to the public health, safety, welfare, or public need and convenience, applicant shall offer assistance and abide by the orders of the St. Johns County Fire Rescue Chief;

Amerimed EMS would be available should a temporary situation arise that poses a serious or imminent threat to the public health, safety, welfare, or public need and convenience. Amerimed shall offer assistance and abide by the orders of the St. Johns County Fire Rescue Chief.


Rick Huskey, VP - SE Region
Amerimed EMS

ITEM H: Proof that the applicant possesses all required federal and/or State of Florida Licenses and Permits.
Ambulance License is attached

ITEM I: Copy of the applicants fee schedule
Attached is a Copy of fee schedule

ITEM J: Financial affidavit of solvency
Attached



STATE OF FLORIDA
DEPARTMENT OF HEALTH
BUREAU OF EMERGENCY MEDICAL OVERSIGHT

ADVANCED LIFE SUPPORT SERVICE LICENSE

This is to certify that: AMERIMED EMERGENCY MEDICAL SERVICES, LLC. Provider Number # 10043
Name of Provider

850504 HIGHWAY 17 YULEE, FL 32097
Address

has complied with Chapter 401, Florida Statutes, and Chapter 64J-1, Florida Administrative Code, and is authorized to operate as an Advanced Life Support Service subject to any and all limitations specified in the applicable Certificate(s) of Public Convenience and Necessity and/or Mutual Aid Agreements for the County(s) listed below:

ALACHUA(NE), BAY, BRADFORD, COLUMBIA, NASSAU, PUTNAM, ST. JOHNS, SUWANEE(NE), UNION
County (s)

A handwritten signature in black ink, appearing to read "M. Hall".

Michael Hall, Section Administrator
Emergency Medical Services
Florida Department of Health

THIS CERTIFICATE EXPIRES ON: 03/02/2026

This certificate shall be posted in the above mentioned establishment



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/19/2025

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 have ADDITIONAL INSURED provisions or 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 Louie, Parker & Smith Insurance Services 364 Green Street NE; #2412 25-26 MASTER Cert Gainesville GA 30503	CONTACT NAME: Certificates PHONE (A/C, No, Ext): (888) 587-3569 E-MAIL ADDRESS: certs@lps-ins.com	FAX (A/C, No):	
INSURED Amerimed Medical Solutions LLC 4908 Golden Pkwy Ste 800 Buford GA 30518-9080	AMERMED-01	INSURER(S) AFFORDING COVERAGE	NAIC#
		INSURER A : General Star Indemnity Company	37362
		INSURER B : National Liability & Fire Insurance Company	20052
		INSURER C : Evanston Insurance Company	35378
		INSURER D :	
		INSURER E :	

COVERAGES **CERTIFICATE NUMBER:** 1426320620 **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
C	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			MKLV2PSM002984	9/16/2025	9/16/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 2,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP.AGG \$ 1,000,000 \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			73APB010755	2/12/2025	2/12/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liability			MKLV2PSM002984	9/16/2025	9/16/2026	Each Claim Limit \$1,000,000 Aggregate Limit \$3,000,000

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

CERTIFICATE HOLDER St. Johns County, FL 500 San Sebastian View St Augustine FL 32084	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 

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Additional Named Insureds

Other Named Insureds

Additional Named Insured

Amerimed Medical Solutions LLC
Amerimed Emergency Medical Services LLC
Amerimed Mobile Integrated Healthcare, LLC
Home Physician Care LLC
QuikMedic LLC

N. Certification by the applicant that all information included in the application is true and correct;

I hereby certify that I / this service (circle one) will provide continuous service on a 24 hour, 7 day a week basis. I the undersigned representative of Amerimed EMS, LLC, do hereby attest that this service meets all of the requirements for operation of an ambulance service in the State of Florida, as provided in Chapter 401, F.S. and Chapter 64E-2, F.A.C., and that I have read and fully understand St. Johns County Ordinance 95-17.

I further acknowledge that discrepancies discovered during the effective dates of this Certificate of Public Convenience and Necessity will subject this service and its authorized representatives to corrective action and penalty as provided in the referenced authority.

TO THE BEST OF MY KNOWLEDGE, ALL STATEMENTS ON THIS APPLICATION ARE TRUE AND CORRECT.

Printed Name: Rick Huskey Title: Vice President - SE Region

Signature of Representative [Handwritten Signature]

STATE OF FLORIDA COUNTY OF Gwinnett
6-A

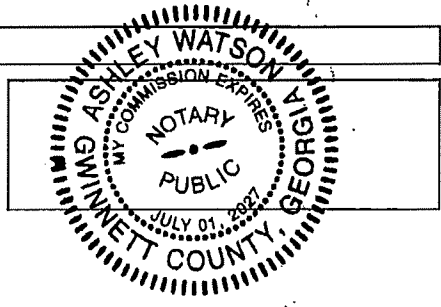
The foregoing instrument was acknowledged before me this 20th day of November, 2025

By Rick Huskey He/she is:

Personally known to me, or Produced identification I.D. Type and number

Notary Public Signature Ashley Watson

Commission Stamp



St. Johns County Ordinance 2012-20 - Section 8. Requirements for Board Approval in Granting Certificate

The Board shall not grant a Certificate unless it shall find, after public hearing, that each of the following standards has been satisfied:

- A. That there is a public necessity for the service. In making such determination, the Board shall consider, as a minimum, the following factors:
 - (1) The extent to which the proposed service is needed to improve the overall Emergency Medical Services (EMS) system capabilities of the County.
 - (2) The effect of the proposed service on existing services with respect to quality of service and cost of service
 - (3) The effect of the proposed service on the overall cost of EMS service in the County.
 - (4) The effect of the proposed service on existing hospitals and other health care facilities.
 - (5) The effect of the proposed service on personnel of existing services and the availability of sufficiently qualified personnel in the local area to adequately staff all existing services.
- B. That the applicant has sufficient knowledge and experience to properly operate the proposed service.
- C. That, if applicable, there is an adequate revenue base for the proposed service.
- D. That the proposed service will have sufficient personnel and equipment to adequately cover the proposed service area.

Amerimed EMS Proposed Rates FY 2025-2026

Mileage	\$11.49/mile
BLS Non Emergency	\$357.01
BLS Emergency	\$571.23
ALS 1 Emergency	\$678.34
ALS 1 Non-emergency	\$428.42
ALS 2 Emergency	\$981.81
Specialty Care Transport	\$1,160.32

11/19/2025

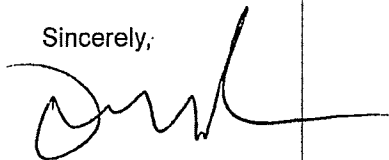
To

St. Johns County
Board of County
Commissioners

In reference to **Item J: Financial affidavit of solvency:**

I, **Dixon Marlow**, certify that Amerimed Emergency Medical Services is financially solvent. All leases, notes payable, lines of credit, and other financial instruments are in good standing. Bank, lender, and trade references attesting to that good standing are available upon request.

Sincerely,



Dixon Marlow
Chief Executive Officer
dmarlow@amerimed.net

Amerimed Emergency Medical Services LLC

Tel 800-902-3300

5012 Bristol Industrial Way www.amerimed.net
Suite 110
Buford, GA 30518

Amerimed
EMERGENCY MEDICAL SERVICES

St. Johns County Certificate of Public Convenience and Necessity

WHEREAS, Amerimed Emergency Medical Services, has requested authorization to provide Advanced Life Support and Basic Life Support non-emergency medical services that originate within St. Johns County.

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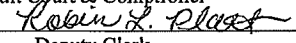
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Certificate Type: Class B/C

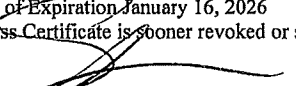
Date issued: January 16, 2024


Jay Andrews, County Administrator



ATTEST: Brandon J. Patty, Clerk of the
Circuit Court & Comptroller
By: 
Deputy Clerk

Date of Expiration January 16, 2026
Unless Certificate is sooner revoked or suspended


Sarah Arnold, Chair, Board of County
Commissioners

19275

AMERIMED EMERGENCY MEDICAL SERVICES, LLC

EXPENSE ACCOUNT

5012 BRISTOL INDUSTRIAL WAY
SUITE 110
BUFORD, GEORGIA 30518

RENASANT BANK
2255 BUFORD HIGHWAY
BUFORD, GEORGIA 30518
64-327/611

11/19/2025

PAY TO THE ORDER OF St Johns County

\$ 250.00

Two Hundred Fifty And 00/100

DOLLARS

St Johns County
500 San Sebastian View
Saint Augustine FL 32084



AUTHORIZED SIGNATURE

MEMO

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

AMERIMED EMERGENCY MEDICAL SERVICES, LLC / EXPENSE ACCOUNT

19275

St Johns County
8430 Other Expense : Licensing & Permitting

11/19/2025
\$250.00

1003 Cash : EMS - Renasant Expense

\$250.00

AMERIMED EMERGENCY MEDICAL SERVICES, LLC / EXPENSE ACCOUNT

19275

St Johns County
8430 Other Expense : Licensing & Permitting

11/19/2025
\$250.00

1003 Cash : EMS - Renasant Expense

\$250.00

ENDORSE HERE

X

CHECK HERE IF MOBILE DEPOSIT

DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE
RESERVED FOR FINANCIAL INSTITUTION USE*

The security features listed below, as well as those not listed, exceed industry guidelines. Absence of these features may indicate alteration.

Security Features:	Results of forensic analysis:
Security Beams:	Absence of "Digital Forensic" watermark on back of check
MicroSecurity Paper:	Check type and manufacturing area and surrounding
	Field. Security box appears blank if copied or scanned.
Checkably Secure Ink:	High Polarity Solvents, Low Polarity Solvents, Oils and Alcohols,
Fluorescent Fibers:	Inkable solvent exposed to ultraviolet light.
Facsimile Watermark:	The watermark is visible from both sides. Absence indicates alteration.