APPLICATION PURSUANT TO PHL §3010
FOR TRANSFER OF ASSETS
Emergacare NY, LLC
To
Empress Ambulance Service, LLC

TABLE OF CONTENTS

Emergcare
ex pt
NYC

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Emergency Services and Trauma Systems

Application for New Service, Expansion of Primary Operating Territory or Transfer of Ownership

Application for (check one)

- ☐ New service (Sections A,B,C,D,F)
- ☐ Expansion of Primary Operating Territory for existing service (Sections A,B,C,D,F)
- ☑ Transfer of existing service operating authority (Sections A,D,E,F)

Type of Service (check one)

- ☑ Ambulance
- ☐ ALS First Responder

Section A Organizational Structure

For a corporation, attach a copy of certificate of incorporation, any DBAs and a listing of all owners' stockholders, principals, investors and/or parent corporations or sub-corporations. For LLC attach a copy of NYS DOS Application For Authority.

Name of Service	DOH Agency Code	Federal Employer Identification Number
Emergacare NY LLC	0670	[redacted]

Address	City	State	Zip	County
722 Nepperhan Ave	Yonkers	NY	10703	Westchester

Contact Person	Title
Daniel Minerva	Vice-President/Operations

Business Phone	Home Phone	Cell Phone	E-mail
(914) 965- 5040	([redacted]		dminerva@empressems.com

Current Organizational Sponsor Type

- ☑ Proprietary
- ☐ Hospital Based
- ☐ Volunteer Independent
- ☐ Industrial
- ☐ Volunteer Fire Department
- ☐ Municipal/Government
- ☐ Other

Type of Ownership

- ☐ Individual
- ☐ Partnership
- ☐ Government
- ☐ Corporation
- ☑ LLC

Name of Individual Owner, Partners, Corporation or Government Entity (attach a listing of any/all owners of 10% or more stock)

Paramedics Logistics Operating Company LLC dba PatientCare Logistics Solutions

Section B Primary Operating Territory

Specify geographic area requested using municipal, political or other identifiable Boundaries. Attach a detailed map of the primary service area. Statements such as "surrounding, adjacent, vicinity, proximity, contiguous, adjoining, or portions of, etc." are not acceptable when defining a primary operating territory.

Proposed new or expanded primary operating territory

For expansion list existing primary operating territory

Section C Financial Responsibility

Applicant is required to attach detailed fiscal and budgetary information as specified in the current DOH Policy Statement. An initial start-up or continuation budget and sufficient financial information as well as the source of such must be provided to insure the fiscal responsibility and stability of the ownership for the territory served.

Insurance Carrier

Agent

Business Phone
( ) -

Types and Limits of Coverage ☐ General Liability ☐ Other

Section D Description of Proposed Services

For a corporation attach a certificate of incorporation, any DBAs and a listing of all owners, stockholders or principals.

Level of Service (check only one)

☐ EMT ☐ AEMT ☐ Critical Care ☑ Paramedic

Agency Medical Director	Address	City	State	Phone Number
Dr. Barry Smith	41 Jayson Ave	Great Neck	NY	(773) 332 - 2136

Agency Providing Medical Control				Phone Number
St. Josephs Hospital	127 South Broadway	Yonkers	NY	(914) 965 - 0136

System Medical Director	Address	City	State	Phone Number
Dr. Josef Schenker	C/O NYC REMSCO	NY	NY	(212) 870 - 2301

Size of Population to be Served	Days of operation	Hours of operation
4,051,835	365 days/year	24 hours/day

Projected Call Volume Total 12 Emergency 0 Non-Emergency 12

Source of Statistics for Call volume ☐ PCR ☐ Dispatch Center ☑ Agency Call Record ☐ Other _____

Total no. of ambulances	Total no. of emergency ambulance service vehicles (EASV'S)	Total no. of ALS First Response vehicles
1	0	0

Section E Proposed Organizational Structure

For a corporation attach a copy of certificate of incorporation for any DBAs listing of all owners' stockholders, principals, investors and/or parent corporations or sub-corporations. For LLC attach a copy of NYS DOS Application For Authority.

Proposed Name of Service: Empress Ambulance Service LLC

Federal Employer Identification Number: [redacted]

Address	City	State	Zip	County
722 Nepperhan Ave	Yonkers	NY	10703	Westchester

Contact Person	Title
Daniel Minerva	Vice-President/Operations

Business Phone	Home Phone	Cell Phone	E-mail
(914) 965 - 5040	[redacted]		dminerva@empressems.com

Proposed Organizational Sponsor Type

☑ Proprietary ☐ Hospital Based ☐ Volunteer Independent ☐ Industrial
☐ Volunteer Fire Department ☐ Municipal/Government ☐ Other _____

Proposed Type of Ownership

☐ Individual ☐ Partnership ☐ Government ☐ Corporation ☑ LLC

Name of Proposed Individual Owner, Partners, Corporation or Government Entity (attach any/all owners of 10% or more stock)

Paramedics Logistics Operating Company LLC

Section F Certification of Accuracy and Ownership Competency

As owner/CEO/operator of the ambulance service described herein I attest to the accuracy of the information contained in this application and its attachments and to having received and read Public Health Law Article 30 and State EMS Code Part 800. I also state that neither the corporation nor any of the owners, principals or stockholders in the corporation, or LLC members, have been convicted of Medicare or Medicaid fraud. I understand that under Section 3012(a) of the PHL Article 30 that the ambulance service or ALS FR service certificate for this agency may be revoked, suspended limited or annulled if this application includes willful misrepresentation.

Attachments Required

- Detailed narrative to support need or statement of purpose and intent for transfer
- Affirmation of Fitness and Competence (DOH-3778)
- DOS Certificate of Incorporation or Authority, DBA's, owners, partners, shareholders or members listing
- Financial information including funding budget and insurance
- Primary operating territory map

Name of Owner or CEO		Title
Michael Minerva	3/26/26	President
Signature	Date	

Notary Public affirmation and acknowledgement

MARIE L. HART
NOTARY PUBLIC-STATE OF NEW YORK
No. 01HA6292023
Qualified in Westchester County
My Commission Expires October 28, 2029

Marie L. Hart

FOR REGIONAL EMS COUNCIL USE ONLY

Date Application Received _____

Date of Council Decision _____

☐ Approved ☐ Denied ☐ Rejected – Incomplete

Council Chair Signature _____

LIST OF OFFICERS AND MANAGERS POST TRANSFER

Of

EMPRESS AMBULANCE SERVICE, LLC

Manager:	Paramedics Logistics Operating Company, LLC
CEO:	Jeffrey A Shullaw
President:	Michael Minerva
Vice-President:	Daniel Minerva
Sec/Treasurer:	Matthew Minerva
Sr Vice-President:	Matthew Minerva
COO:	Daniel Minerva
VP of Corporate Development:	James O'Connor

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Emergency Medical Services

Affirmation of Fitness and Competency

By completing this form, you are aware that the NYS Department of Health will be conducting a detailed background review in order to determine fitness and competency in accordance with Article 30 of the NYS Public Health Law.

Emergacare NY, LLC — Name of EMS Agency

0670 — NYS EMS Agency Code

Empress Ambulance Service, LLC — Full Name of Corporate Entity requiring F&C review as a new owner/operator

Full Name of Individual

Title

722 Nepperhan Ave, Yonkers, New York 10703 — Address of the Individual or Corporate Entity requiring F&C review as a new owner/operator

[redacted] — Social Security Number (this is not releasable under the provisions of FOIL)

Date of Birth

As the proposed new owner/operator of an EMS agency, I hereby certify that I am or have been a director, sponsor, principal, stock holder, operator or operations manager of one or more of the following in the past 10 years (Article 30 §3005[5]).

YES	NO	
☑	☐	Emergency Medical Service certified by the NYS Department of Health, or equivalent in any other state.
☐	☑	Hospital, long term care facility or other Article 28 facility licensed by the NYS Department of Health, or equivalent in any other state.
☐	☑	Invalid coach (Ambulette) Service authorized by the NYS Department of Transportation or equivalent in any other state.
☐	☑	Home or residence licensed by NYS or equivalent in any other state.
☐	☑	Halfway house, hostel or residential facility or institution licensed by, or subject to the rules of the NYS Office of Mental Health (OMH) or Office of Mental Retardation and Developmental Disabilities (OMRDD), or equivalent in any other state.

→ If **NO** has been marked for all of the above, it indicates that there is no history of operating an entity identified in NYS Public Health Law; signing this affirmation is informational only and a testimony to the accuracy of the information provided.

→ If **YES** has been marked for any of the above, on an attached page, please provide the following information for each:

- Name of agency or facility
- Mailing address of facility or agency
- Name of Certifying or Licensing authority
- If applicable, a copy of license, certificate or identification number
- Individual position(s) held with start and end dates

REQUIRED ATTACHMENTS TO THIS AFFIRMATION

- **Current resume or curriculum vitae**
- **Copies of any related licenses and certifications**
- **Listing of address of residence, or if less than 2 years, addresses of prior residences.**

Certification of Competency

By completing and signing this affirmation, I certify that I have operated all of the agencies indicated, in compliance with all applicable statutes, rules, regulations and policies, specifically 10 NYCRR800.

Further, I certify that there have been no administrative orders issued by any Federal, State or local agency for matters that are or were recurrent or uncorrected, or dealt with patient harm or neglect in accordance with NYS Public Health Law during my tenure as a director, sponsor, principal, stock holder, operator or operations manager.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of competency.

Jeffrey A. Shullaw

Full Name

Signature

3-26-26

Date

Certification of Fitness

By completing and signing this affirmation, I certify that I have not been convicted of any crime at anytime, involving murder, manslaughter, assault, sexual abuse, theft, robbery, drug abuse, or sale of drugs, nor have I pleaded nolo contendere to a felony charge relating to any of these offenses.

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Jeffrey A. Shullaw

Full Name

Signature

3-26-26

Date

Notary Public Affirmation and Acknowledgement

Marie L. Hart

Notary Public Name

Signature

3 26 26

Date

MARIE L. HART
NOTARY PUBLIC-STATE OF NEW YORK
No. 01HA6292023
Qualified in Westchester County
My Commission Expires October 28, 20 29

Please affix Notary Public Stamp or equivalent.

NEW YORK STATE DEPARTMENT OF HEALTH
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Emergacare NY, LLC	0670
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Full Name of Corporate Entity requiring F&C review as a new owner/operator

Jeffrey A. Shullaw	CEO & Board Member
Full Name of Individual	Title

[redacted]
Address of the Individual or Corporate Entity requiring F&C review as a new owner/operator

[redacted]	[redacted]
Social Security Number (this is not releasable under the provisions of FOIL)	Date of Birth

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Further, I certify that there have been no administrative orders issued by any Federal, State or local agency for matters that are or were recurrent or uncorrected, or dealt with patient harm or neglect in accordance with NYS Public Health Law during my tenure as a director, sponsor, principal, stock holder, operator or operations manager.

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Jeffrey A. Shullaw

Full Name

Signature

3-26-26

Date

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If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of fitness.

Jeffrey A. Shullaw

Full Name

Signature

3-26-26

Date

Notary Public Affirmation and Acknowledgement

Marie L. Hart

Notary Public Name

Signature

3-26-26

Date

MARIE L. HART
NOTARY PUBLIC-STATE OF NEW YORK
No. 01HA6292023
Qualified in Westchester County
My Commission Expires October 28, 2029

Please affix Notary Public Stamp or equivalent.

Jeffrey A. Shullaw

[redacted]

LinkedIn

PROFESSIONAL SUMMARY

Results-driven executive with 20+ years of progressive experience in the emergency medical services industry. Deep expertise spanning patient care, operations, compliance, business development, finance, and technology. Recognized for building cultures of collaboration, safety, and partnership and for developing innovative, data-driven solutions that improve patient transport outcomes for health systems of all sizes.

PROFESSIONAL EXPERIENCE

PatientCare EMS Solutions — **Tampa, FL**
Chief Executive Officer — *December 2025 – Present*

Leading PatientCare EMS Solutions as CEO, bringing extensive EMS executive leadership experience to drive strategic growth, operational excellence, and patient care quality across the organization.

Midwest Medical Transport Company / Midwest MedAir — **United States**
President & Chief Executive Officer — *February 2014 – January 2026*

- Oversaw the direction and strategic growth of Midwest Medical Transport and its affiliate companies as President & CEO
- Developed proprietary software that served as a key component of Midwest's data-driven growth strategy, providing transparency and facilitating partnerships with customers
- Built expertise across all aspects of the business, patient care, management, compliance, operations, business development, and finance
- Fostered a culture of collaboration, partnership, and safety across customers and employees
- Developed sustainable, tailored EMS solutions for a wide range of market profiles, from super-rural to large inner-city urban communities
- Applied creative turnaround methods to struggling EMS operations and territories, helping them realize growth and quality improvement opportunities
- Maintained active involvement in industry-related organizations throughout career, currently serving on several boards and sub-committees

Midwest Medical Transport Company / Midwest Med-Air — **Omaha, NE**
General Manager — *2004 – 2014*

- Managed day-to-day operations, fleet, workforce, and service quality for a multi-county ambulance and medical transport company.
- Expanded service territory from western Iowa to Ogallala and the Nebraska Panhandle, securing long-term hospital system contracts.
- Recognized by founding owners as the driving operational force behind MMT's growth.

EDUCATION & CERTIFICATIONS

University of Nebraska — **Lincoln, NE**

- Emergency Medical Technician (EMT)
- Emergency Medical Technician – Intermediate
- Emergency Medical Technician – Paramedic

Affirmation of Fitness and Competency
Explanatory Memorandum for Jeffrey Shullaw

Jeffrey Shullaw previously served as CEO of Midwest Medical Transport Co. Since 2021, his only involvement with that entity or any of its related companies is as a passive equity holder. Mr. Shullaw has no involvement with the operations or management of that entity, or any of its affiliated companies, at this time. Mr. Shullaw previously served as a paramedic under Nebraska license No. 3024. That license expired on December 31, 2014.

There have been no administrative orders issued by any Federal, State or local agency for matters that are or were recurrent or uncorrected, or dealt with patient harm or neglect in accordance with the New York State Public Health Law or the laws of other jurisdictions applicable to Midwest Medical Transport Co. from his time as CEO of Midwest Medical Transport Co.

The principal place of business for Midwest Medical Transport Co. is 4020 S 147th St, #200, Omaha, Nebraska, 68137.

To the best of Mr. Shullaw's recollection, Ambulance service and paratransit licenses are presently held by Midwest Medical Transport Co. or its affiliated companies (and not Mr. Shullaw) in the following states:

NEBRASKA
Ambulance License number 5158
Nebraska DHHS
301 Centennial Mall South
Lincoln, Nebraska 68509

Wheelchair vans were licensed through Nebraska Public Service Commission previously, but Mr. Shullaw is not aware of any record of a current license for that entity.

OHIO
MIDWEST MEDICAL TRANSPORT COMPANY LLC 251182 46201

Midwest Medivan 181285 46081 Active Ambulette

RHODE ISLAND
MIDWEST MEDICAL TRANSPORT COMPANY LLC DBA MMT AMBULANCE
290 ARMISTICE BLVD
PAWTUCKET, RI 02861

License No: EMS00176
Service Level: Class A (ALS)

VIRGINIA:

Midwest Medical Transport, LLC / DBA MMT Ambulance (50587)

4020 s 147th st, OMAHA, NE – 68137

Ground Ambulance – ALS

KANSAS

Agency No.: 1305

MIDWEST MEDICAL TRANSPORT CO,

IOWA

Midwest Medical Transport Company LLC, NPI 1073296893,

Des Moines, Iowa;

Midwest Medical Transport Company, LLC, d/b/a Fraser Transportation Service,

4780 NE 3RD ST, Des Moines, IA

50313-2362

License # 2001400;

Medicaid Number 1871991125

WISCONSIN

State Agency ID: 6605011

NORTH CAROLINA

State ID: 0118099 MMT North Carolina, LLC

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Emergency Medical Services

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Name of EMS Agency	NYS EMS Agency Code

Full Name of Corporate Entity requiring F&C review as a new owner/operator

Michael Minerva	See Ex. B Index
Full Name of Individual	Title

[redacted]

Address of the Individual or Corporate Entity requiring F&C review as a new owner/operator

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YES	NO	
☑	☐	Emergency Medical Service certified by the NYS Department of Health, or equivalent in any other state.
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REQUIRED ATTACHMENTS TO THIS AFFIRMATION

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If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of competency.

Michael Minerva

Full Name

Signature

3/26/26

Date

Certification of Fitness

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Michael Minerva

Full Name

Signature

3/26/26

Date

Notary Public Affirmation and Acknowledgement

Marie L. Hart

Notary Public Name

Marie L. Hart

Signature

3-26-26

Date

MARIE L. HART
NOTARY PUBLIC-STATE OF NEW YORK
No. 01HA6292023
Qualified in Westchester County
My Commission Expires October 28, 2029

Please affix Notary Public Stamp or equivalent.

Michael M. Minerva

[redacted]

PROFESSIONAL EMPLOYMENT

January 2008 to Present	Empress Ambulance Service, Inc /LLC & Emergacare NY, LLC ***President & CEO*** ***Managing Member, Board of Directors*** Oversee all Administration & Corporate Development
December 2001 to December 2008	Emergacare NY, LLC ***President & CEO*** A NYC Based Ambulance Company used to expand Empress's Market region. Although a Separate Corporation Managed by Empress Ambulance.
January 1997 to December 2008	American Transit, Inc. & Empress Ambulance Service, Inc. ***Senior Vice President*** Member, Board of Directors Oversee all Administration & Corporate Development
August 1993 to January 1997	Empress Ambulance Service, Inc. ***Vice President of Communications & Administration*** Oversee all administrative and communications department functions.
January 1991 to August 1993	American Ambulette Corporation ***Vice President of Operations*** Responsible for all operational aspects of the corporation.
January 1987 to January 1991	American Ambulette Corporation ***Director of Operations*** Functioned as a department director overseeing all aspects of communications and operations of three transportation divisions.

EDUCATION

1985 to 1987	St. John's University New York, New York Two Years, Business Management
1985	Iona Preparatory High School New Rochelle, New York Regents Graduate

ORGANIZATIONS

Present

Holds Seats on the following Committees:

- Board of Trustees - St. Joseph's Medical Center
- Board of Directors - Yonkers Police Athletic League
- Board of Directors - Yonkers Chamber of Commerce
- Special Events Committee for Both St. Joseph's Medical Ctr. & St. John's Riverside Hospital
- Member of the Westchester Business Association

AWARDS & RECOGNITIONS

- St. Joseph's Medical Center - 2017 Distinguished Service Award
- NYC Health & Hospitals - 2017 Corporate Partner Award
- Westfair Communications - 2017 Family Owned Business Award
- 2017 Westchester County EMS Agency of the Year

NEW YORK STATE DEPARTMENT OF HEALTH
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Daniel Minerva	See Ex. B Index
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Marie L Hart

Notary Public Name

Signature

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Date

MARIE L. HART
NOTARY PUBLIC-STATE OF NEW YORK
No. 01HA6292023
Qualified in Westchester County
My Commission Expires October 28, 2029

Please affix Notary Public Stamp or equivalent.

[redacted] dminerva@empressems.com

Daniel Minerva

Experience

February 2001 to Present — Empress Ambulance Service

Vice-President of Operations

- Responsible for the day-to-day operations
- Matching call volume demand with number of ambulances
- Maintain staffing levels for 500 employees
- Ensure fractile response compliance
- Haz-mat readiness

June 1993 to February 2001 — Empress Ambulance Service

Director of Communications

- Implemented System Status Management Plan
- Overseeing all aspects of Communications
- Overseeing Support Services
- Monitor the System Status Plan for Basic and Advanced Life Support personnel

Summer 1988, 1989 Empress Ambulance Service

Emergency Medical Technician

- Provided Basic Life Support under the guidelines of the NYS Department of Health

Education

1989–1993 Springfield College Springfield, MA

- Emergency Medical Services Management

June 1989 Proctor Academy Andover, NH

Certifications

Emergency Medical Technician 092618 11/30/2021
Emergency Medical Dispatch
OSHA Instructor

Committees

Currently hold a seat on The Bronx Emergency Preparedness Coalition
Currently hold a seat on the Westchester County Regional Council
City of Yonkers and The Pelham's Emergency Medical Services Quality Assurance Committees

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Emergency Medical Services

Affirmation of Fitness and Competency

By completing this form, you are aware that the NYS Department of Health will be conducting a detailed background review in order to determine fitness and competency in accordance with Article 30 of the NYS Public Health Law.

Emergacare NY, LLC	0670
Name of EMS Agency	NYS EMS Agency Code

Full Name of Corporate Entity requiring F&C review as a new owner/operator

Matthew Minerva	See Ex. B Index
Full Name of Individual	Title

[redacted]

Address of the Individual or Corporate Entity requiring F&C review as a new owner/operator

[redacted]	[redacted]
Social Security Number (this is not releasable under the provisions of FOIL)	Date of Birth

As the proposed new owner/operator of an EMS agency, I hereby certify that I am or have been a director, sponsor, principal, stock holder, operator or operations manager of one or more of the following in the past 10 years (Article 30 §3005[5]).

YES	NO	
☑	☐	Emergency Medical Service certified by the NYS Department of Health, or equivalent in any other state.
☐	☑	Hospital, long term care facility or other Article 28 facility licensed by the NYS Department of Health, or equivalent in any other state.
☐	☑	Invalid coach (Ambulette) Service authorized by the NYS Department of Transportation or equivalent in any other state.
☐	☑	Home or residence licensed by NYS or equivalent in any other state.
☐	☑	Halfway house, hostel or residential facility or institution licensed by, or subject to the rules of the NYS Office of Mental Health (OMH) or Office of Mental Retardation and Developmental Disabilities (OMRDD), or equivalent in any other state.

→ If **NO** has been marked for all of the above, it indicates that there is no history of operating an entity identified in NYS Public Health Law; signing this affirmation is informational only and a testimony to the accuracy of the information provided.

→ If **YES** has been marked for any of the above, on an attached page, please provide the following information for each:

- Name of agency or facility
- Mailing address of facility or agency
- Name of Certifying or Licensing authority
- If applicable, a copy of license, certificate or identification number
- Individual position(s) held with start and end dates

REQUIRED ATTACHMENTS TO THIS AFFIRMATION

- **Current resume or curriculum vitae**
- **Copies of any related licenses and certifications**
- **Listing of address of residence, or if less than 2 years, addresses of prior residences.**

Certification of Competency

By completing and signing this affirmation, I certify that I have operated all of the agencies indicated, in compliance with all applicable statutes, rules, regulations and policies, specifically 10 NYCRR800.

Further, I certify that there have been no administrative orders issued by any Federal, State or local agency for matters that are or were recurrent or uncorrected, or dealt with patient harm or neglect in accordance with NYS Public Health Law during my tenure as a director, sponsor, principal, stock holder, operator or operations manager.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of competency.

Matthew Minerva

Full Name

Signature

3/26/26

Date

Certification of Fitness

By completing and signing this affirmation, I certify that I have not been convicted of any crime at anytime, involving murder, manslaughter, assault, sexual abuse, theft, robbery, drug abuse, or sale of drugs, nor have I pleaded nolo contendere to a felony charge relating to any of these offenses.

Further, I certify that, I am not, or was not subject to a state or federal administrative order relating to fraud, embezzlement or patient harm, including, but not limited to actions involving Medicare and or Medicaid.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of fitness.

Matthew Minerva

Full Name

Signature

3/26/26

Date

Notary Public Affirmation and Acknowledgement

Marie L Hart

Notary Public Name

Signature

3-26-26

Date

MARIE L. HART
NOTARY PUBLIC-STATE OF NEW YORK
No. 01HA6292023
Qualified In Westchester County
My Commission Expires October 28, 2029

Please affix Notary Public Stamp or equivalent.

Matthew M. Minerva

[redacted]

Professional Experience

Highly experienced Vice President of Operation with a strong and diversified background in all aspects of operations. Record of proven achievements in improving client satisfaction and ensuring the continuing of operation.

Employment

Empress Ambulance Service, Inc. Dec 2008 - Present
Sr. Vice President

Revenue Recovery Department
- Oversee Billing and Collection Department
- Oversee budgets, payroll, collections and policy and procedures

Corporate Marketing
- Oversee the marketing and staff
- Responsible for corporate development and strategic planning

American Transit, Inc. June 1993 - Dec 2008
Vice President of Operations

- Oversee complete operative compliance for NYC Transit Authority Paratransit contract
- Department Director of overseeing all aspects of communications and operations of three Transportation divisions
- Prepare bids for city and state transportation contracts
- Handle all aspects of payroll
- Oversee schedule and routings of 350+ drivers
- Create letters in response to customer inquiries regarding all contract compliance issues
- Coordinate with the maintenance department for vehicle availability and New York State DOT and contract compliance
- Attend all Metropolitan Transit Authority Paratransit Committee, Public Hearing meetings and NYC Transportation Disabled Committee Meetings
- Supervision of all dispatchers
- Oversee daily route performance of 250+ routes

American Transit, Inc. Summer Intern 1990 - 1992
Assistant Director of Operations

- Responsibility included assisting in billing, dispatching and the operations of all three transportation divisions

Education

College of Boca Raton - Lynn University May 1993
Boca Raton, Florida
Bachelor of Science in Business Administration

Stepinac High School June 1989
White Plains, New York
Regents Graduate

Organizations

- Active board member of New York State Ambulette Association
- Active board member of Multiple Sclerosis Foundation
- 52 Associations for the physically challenged
- Chairman Valentine Lane Clinic
- Member of the CTAA

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Emergency Medical Services

Affirmation of Fitness and Competency

By completing this form, you are aware that the NYS Department of Health will be conducting a detailed background review in order to determine fitness and competency in accordance with Article 30 of the NYS Public Health Law.

Emergacare NY, LLC	0670
Name of EMS Agency	NYS EMS Agency Code

Full Name of Corporate Entity requiring F&C review as a new owner/operator

James O'Connor	See Ex. B Index
Full Name of Individual	Title

[redacted]

Address of the Individual or Corporate Entity requiring F&C review as a new owner/operator

[redacted]	[redacted]
Social Security Number (this is not releasable under the provisions of FOIL)	Date of Birth

As the proposed new owner/operator of an EMS agency, I hereby certify that I am or have been a director, sponsor, principal, stock holder, operator or operations manager of one or more of the following in the past 10 years (Article 30 §3005[5]).

YES	NO	
☑	☐	Emergency Medical Service certified by the NYS Department of Health, or equivalent in any other state.
☐	☑	Hospital, long term care facility or other Article 28 facility licensed by the NYS Department of Health, or equivalent in any other state.
☐	☑	Invalid coach (Ambulette) Service authorized by the NYS Department of Transportation or equivalent in any other state.
☐	☑	Home or residence licensed by NYS or equivalent in any other state.
☐	☑	Halfway house, hostel or residential facility or institution licensed by, or subject to the rules of the NYS Office of Mental Health (OMH) or Office of Mental Retardation and Developmental Disabilities (OMRDD), or equivalent in any other state.

→ If **NO** has been marked for all of the above, it indicates that there is no history of operating an entity identified in NYS Public Health Law; signing this affirmation is informational only and a testimony to the accuracy of the information provided.

→ If **YES** has been marked for any of the above, on an attached page, please provide the following information for each:

- Name of agency or facility
- Mailing address of facility or agency
- Name of Certifying or Licensing authority
- If applicable, a copy of license, certificate or identification number
- Individual position(s) held with start and end dates

REQUIRED ATTACHMENTS TO THIS AFFIRMATION

- **Current resume or curriculum vitae**
- **Copies of any related licenses and certifications**
- **Listing of address of residence, or if less than 2 years, addresses of prior residences.**

Certification of Competency

By completing and signing this affirmation, I certify that I have operated all of the agencies indicated, in compliance with all applicable statutes, rules, regulations and policies, specifically 10 NYCRR800.

Further, I certify that there have been no administrative orders issued by any Federal, State or local agency for matters that are or were recurrent or uncorrected, or dealt with patient harm or neglect in accordance with NYS Public Health Law during my tenure as a director, sponsor, principal, stock holder, operator or operations manager.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of competency.

James O'Connor

Full Name

Signature

3/26/26

Date

Certification of Fitness

By completing and signing this affirmation, I certify that I have not been convicted of any crime at anytime, involving murder, manslaughter, assault, sexual abuse, theft, robbery, drug abuse, or sale of drugs, nor have I pleaded nolo contendere to a felony charge relating to any of these offenses.

Further, I certify that, I am not, or was not subject to a state or federal administrative order relating to fraud, embezzlement or patient harm, including, but not limited to actions involving Medicare and or Medicaid.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of fitness.

James O'Connor

Full Name

Signature

3/26/26

Date

Notary Public Affirmation and Acknowledgement

Marie L Hart

Notary Public Name

Marie L Hart

Signature

3-26-26

Date

MARIE L. HART
NOTARY PUBLIC-STATE OF NEW YORK
No. 01HA6292023
Qualified In Westchester County
My Commission Expires October 28, 2029

Please affix Notary Public Stamp or equivalent.

James O'Connor
[redacted]

Professional Experience

Empress Ambulance Service, Yonkers, New York
Vice President of Corporate Development **04/15 - Present**
Reports directly to the Board of Directors. Responsible for business development, government affairs and strategic planning of the organization.

TransCare Corporation
President **11/2012 - 01/2015**

- Based in Brooklyn, NY TransCare was the largest privately held ambulance company in the New York and Mid-Atlantic United States. Responsible for operations in New York City, Long Island, Westchester County, Hudson Valley, greater Philadelphia area and MainLine of PA, Delaware, Maryland and Pittsburgh. Revenue of $130M and 2,000 employees. Involved in three major acquisitions and on leadership team securing a $20M annual NYC paratransit contract. Implemented in-house LEAN/Six Sigma initiatives. Developed dashboard tools, operational scorecard and various robot reports.

Senior Vice President, Government Affairs and Business Relations **06/2009 - 2012**
Reporting to the President & CEO for medical transportation company producing high quality results. Responsible for oversight of:

- All government affairs on local, regional, State and Federal level in New York, New Jersey, Pennsylvania, Delaware and Maryland.
- All Business Development and strategies in all markets via relationships with many hospital CEO's and various health care senior leaders. On a first name basis with many CEO's and VPs of area hospitals in many parts of northeastern US.
- Corporate strategic plan implementation (implementation of multifaceted long-range plan)
- Serve as "in-house" consultant to all TransCare operating locations and senior managers

Senior Vice President, Operations **05/1997 - 06/2009**

- Developed/oversaw all aspects of the delivery of emergent and non-emergent transportations services ranging from Basic Life Support Ambulances to High Risk Advanced Life Support services and wheelchair transportation services.
- Oversaw business operations for all transportation services for many Level One Trauma Centers in the greater NY/NJ/PA/DE/MD area (beginning in 2005)
- Significant focus on organizational development, regulatory and governmental affairs, marketing and PR

Empress Ambulance, Yonkers, NY **09/1992 - 01/1997**
Vice President of Operations

- Responsible for the day-to-day operations of emergency medical service throughout Westchester County.

Saint Francis Hospital, Poughkeepsie, NY **05/1987 - 09/1992**
Emergency Medical Services Coordinator

- Reported to CEO and Director of Emergency Department.

White Plains Hospital Center, White Plains, NY **09/1981 - 05/1987**
Emergency Medical Services Coordinator

- Reported to Emergency Department Medical Director and provided educational training programs and support to all Advanced Life Support providers operating throughout Westchester County.

Memberships / Affiliations

- Past Board member of American Ambulance Association; current member of Government Affairs Committee
- Downstate NY Ambulance Association
- New Rochelle Police Foundation, member Board of Directors
- Past member NYS Department of Health Emergency Medical Council
- Past Chairman and Founding member of Westchester Regional EMS Council
- Past American Heart Association, Board member
- Hospice of Westchester, Committee member

Statement of Purpose and Intent

The Purpose of this Application is to ask the Westchester REMSCO and the NYC REMSCO to find Empress Ambulance Service, LLC fit and competent to acquire the assets of Emergacare NY LLC including its ambulance operating certificate held under Agency Code 0670.

As the REMSCOs may be aware, both Empress and Emergacare are wholly owned subsidiaries of Paramedics Logistics Operating Company LLC. Therefore this transaction is an internal business reorganization rather than an arms-length transaction.

After all approvals have been received, it is the intent of the Parties to finalize the transfer of substantially all of the assets of Emergacare NY LLC to Empress Ambulance Service LLC and for Empress Ambulance Service LLC to operate a full service EMS and ambulance service, providing both emergency and non-emergency ambulance services at the ALS and BLS levels throughout the blended territory that will result from the acquisition.

Should either REMSCO have questions regarding this Purpose and Intent, we would be more than happy to address the same.

Emergacare NY, LLC

By: Daniel Minerva, Vice President

Empress Ambulance Service, LLC

By: Michael Minerva, President

This document may be executed in counterparts.

EX D

Empress Ambulance Service, LLC History/Resume

Since its inception in 1985, Empress has made a firm commitment to the development of Emergency Medical Services and quality after care transportation in New York State. Empress has concentrated its efforts towards providing state-of-the-art patient care in a personal and compassionate manner.

In 2019 Empress Ambulance Service, Inc. merged with PatientCare EMS, a Paramedics Logistics Holding Company, and became Empress Ambulance Service, LLC and continues to operate under that name.

In 2021 Empress purchased the assets of Empire State Ambulance Corp. d/b/a EmStar Ambulance, and since that time has been operating throughout the expanded primary territory acquired through that transaction.

In 2022 Empress once again expanded its primary territory when it acquired the assets of Sullivan Paramedicine, Inc., whose primary territory had been Sullivan County.

In 2023 Empress purchased the assets of Mobile Life Support, Inc. an ambulance service that held the primary territory of Dutchess, Orange, Rockland, Ulster and Westchester Counties.

In 2025 Paramedics Logistics Holding Company, LLC, the grand-parent company of Empress, was sold to Brave GAC Holdings, LP. While the holding company above the grandparent company changed at the top level, this sale did not affect Empress' direct ownership or control. The day-to-day operations of Empress remain as they were prior to the transaction.

Empress currently provides both ALS and BLS level emergency and non-emergency services. Empress provides 9-1-1 emergency medical response to City of Yonkers and several major cities and towns within its primary operating territory. It also provides mutual aid to several surrounding communities.

Empress has emergency and non-emergency inter-facility contracts throughout its primary operating territory with districts, hospital systems, correctional institutions, and private care facilities.

Empress actively engages in the EMS community and is a leader in the provision of the highest quality services. It is Empress' intent to continue to provide services throughout its primary territory and to continue to work with the members of the EMS community to improve the system as a whole.

Ex
E

LIST OF OFFICERS AND MANAGERS POST TRANSFER

Of

EMPRESS AMBULANCE SERVICE, LLC

Manager:	Paramedics Logistics Operating Company, LLC
CEO:	Jeffrey A Shullaw
President:	Michael Minerva
Vice-President:	Daniel Minerva
Sec/Treasurer:	Matthew Minerva
Sr Vice-President:	Matthew Minerva
COO:	Daniel Minerva
VP of Corporate Development:	James O'Connor

Ex F

Empress Ambulance Service, LLC
Certificate of Incorporation

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "EMPRESS AMBULANCE SERVICE, LLC", FILED IN THIS OFFICE ON THE TWENTY-EIGHTH DAY OF FEBRUARY, A.D. 2019, AT 11:55 O`CLOCK A.M.

7301268 8100
SR# 20191569291

Authentication: 202346535
Date: 02-28-19

You may verify this certificate online at corp.delaware.gov/authver.shtml

State of Delaware
Secretary of State
Division of Corporations
Delivered 11:55 AM 02/28/2019
FILED 11:55 AM 02/28/2019
SR 20191053391 - File Number 7201268

State of Delaware

Certificate of Formation

of

Empress Ambulance Service, LLC

Under Section 18-201 of the Delaware Limited Liability Company Act

FIRST: The name of the limited liability company is Empress Ambulance Service, LLC (the "Company").

SECOND: The address of the Company's registered office in the State of Delaware is 251 Little Falls Drive, Wilmington, DE 19808, County of New Castle. The name of its registered agent at such address is Corporation Service Company.

IN WITNESS WHEREOF, this Certificate of Formation has been subscribed this 28th day of February, 2019 by the undersigned who affirms that the statements made herein are true and correct.

Michael Minerva, Authorized Person

CERTIFICATE OF INCORPORATION

of

EMPRESS AMBULANCE SERVICE, INC.

Pursuant to Section 402 of the Business Corporation Law.

The undersigned, for the purpose of forming a business corporation under Section 402 of the Business Corporation Law, does hereby make and subscribe, certify, acknowledge and file, this Certificate as follows:

FIRST: The name of the corporation shall be EMPRESS AMBULANCE SERVICE, INC.

SECOND: The purposes for which it is to be formed are the following:

To operate, own and maintain ambulances and to own and lease or sell ambulances, hospital equipment and miscellaneous items needed for the sick and injured, and to maintain an oxygen sale and service, all of which shall be for either private or public use subject, however, to the proper licensing necessary to so operate by the State of New York.

To purchase, lease or otherwise acquire and hold lands, buildings, tenements, factories and real estate for the plant, offices, workshops, warehouses, laboratories and manufactories of the company and to lease, mortgage and convey such real estate in such manner as may appear to be for the best interest of the company.

To make and enter into contracts pertaining to its business with any individual, firm, association or corporation, private, public or municipal, and with the Government or public authorities of the United States, or of any State, Territory or Colony thereof, and with any foreign government.

To purchase, take on lease or in exchange, and to hire or otherwise acquire any and all real and personal property or any interest therein, or any rights or privileges suitable or convenient for any of the

purposes of its business, insofar as the same may be appurtenant to or useful for the conduct of the business of the corporation, as above specified, but only to the extent to which the corporation may be authorized by the provision of said Section 402 of the Business Corporation Law and the acts amendatory thereof or additional thereto.

To purchase, acquire, hold and dispose of the stocks, bonds and other evidences of indebtedness of any corporation, domestic or foreign; and to acquire, manage and operate all or any part of the business or property of any company engaged in a business similar or incidental to that authorized to be conducted by the company, and as to the consideration therefor, to pay such or exchange property, or issue or deliver shares of stock, bonds or other obligations of the company or of any other corporation.

To purchase, subscribe for or otherwise acquire and to hold shares, stock or obligations of any company organized under the laws of the State of New York, or of any other State, or of any Territory or Colony of the United States, or of any foreign country, and to sell, pledge or exchange the same.

To borrow or raise money for the purpose of the company, to secure the same and the interest thereon, and for that or any other purpose to mortgage or charge all or any part of the present or after acquired property, rights and franchises of the company, and to issue bonds, notes, debentures or other evidences of the indebtedness;

To guarantee the payments of principal or interest on any notes, debentures, bonds or other obligations of any corporations connected with the general business authorized to be conducted by the company, so far as the same may be permitted by corporations organized under the Business Corporation Law.

To carry out all or any part of the foregoing objects as principal or agents, or in conjunction with any other person, [illegible] ation or company, and in any part of the world, and to do all [illegible]

things as are incidental or conducive to the attainment of the above objects.

THIRD: The office of the corporation is to be located in the City of Yonkers, County of Westchester and State of New York.

FOURTH: The total number of shares that may be issued by the corporation is TWO HUNDRED (200), all of which are to be of no par value.

FIFTH: The corporation does hereby certify, pursuant to Section 402 (7) of the Business Corporation Law, that the Secretary of State of New York is designated as the agent of the corporation upon whom process against it may be served within the State of New York, and that the Post Office Address to which the Secretary of State shall mail any copy of such process against the corporation which may have been served upon him pursuant to law is c/o Adler & Adler, Esqs., 20 South Broadway, Yonkers, New York.

SIXTH: That the duration of the corporation shall be perpetual.

SEVENTH: That the subscriber is over the age of twenty-one (21) years.

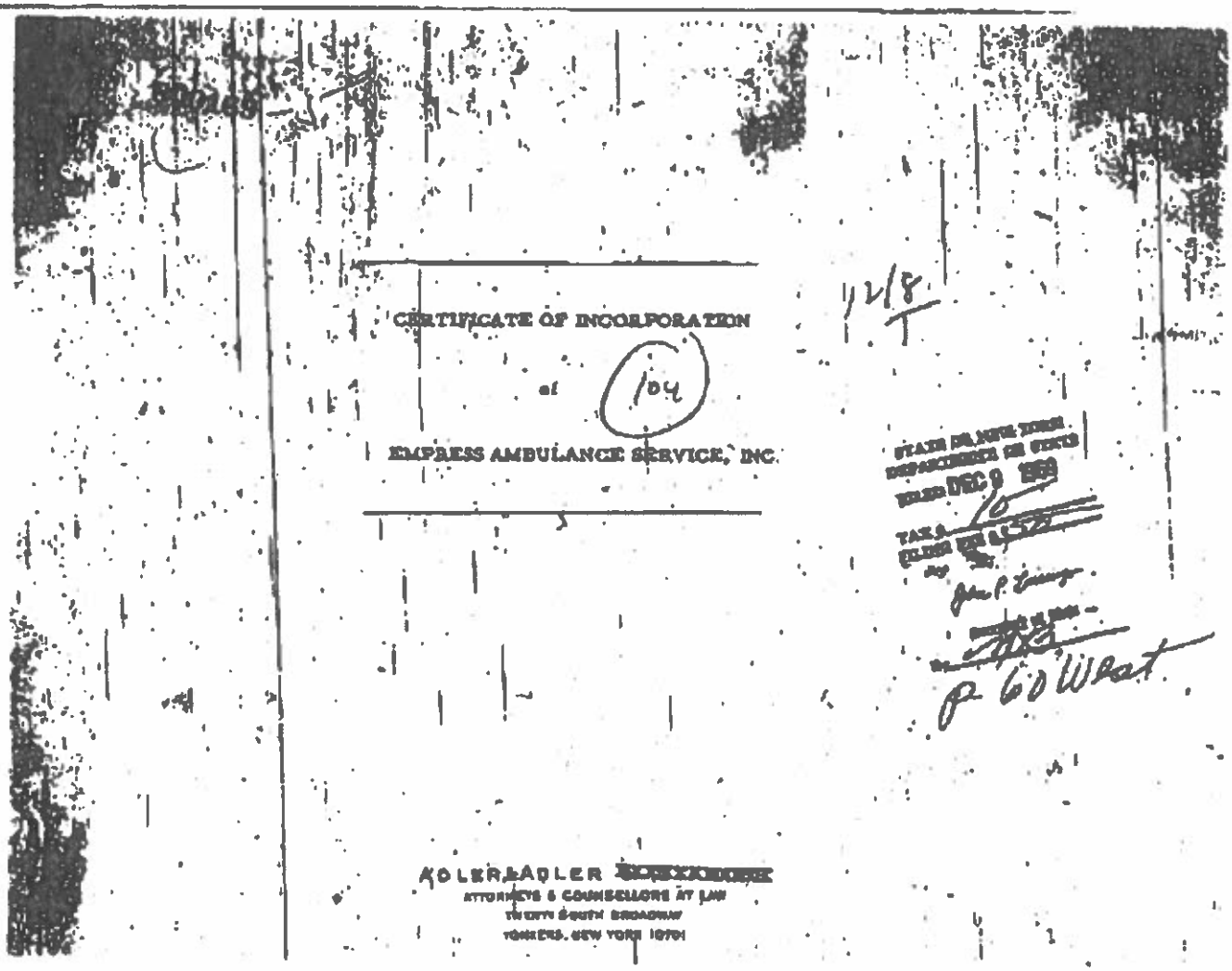
IN WITNESS WHEREOF, the Incorporator has made, subscribed, acknowledged, certified and filed this Certificate of Incorporation this . . day of December, 1969.

Frederick J. Adler, Incorporator
44 Hall Place, Yonkers, New York

STATE OF NEW YORK)
) ss:
COUNTY OF WESTCHESTER)

On this 4 day of December, 1969 before me personally came FREDERICK J. ADLER, to me known and known to me to be the person described in and who made and subscribed the foregoing Certificate of Incorporation and he acknowledged that he made and subscribed the same.

LOUIS A. ECKER
Notary Public, State of New York
No. 60-[illegible]
Appointed in Westchester County
Commission expires March 30, 19[illegible]



CERTIFICATE OF INCORPORATION

of

EMPRESS AMBULANCE SERVICE, INC.

12/8

STATE OF NEW YORK
DEPARTMENT OF STATE
FILED DEC 9 1959
TAX $
FILED BY

KOLER & ADLER
ATTORNEYS & COUNSELLORS AT LAW
TWENTY SOUTH BROADWAY
YONKERS, NEW YORK 10701

State of New York }
Department of State } *ss:*

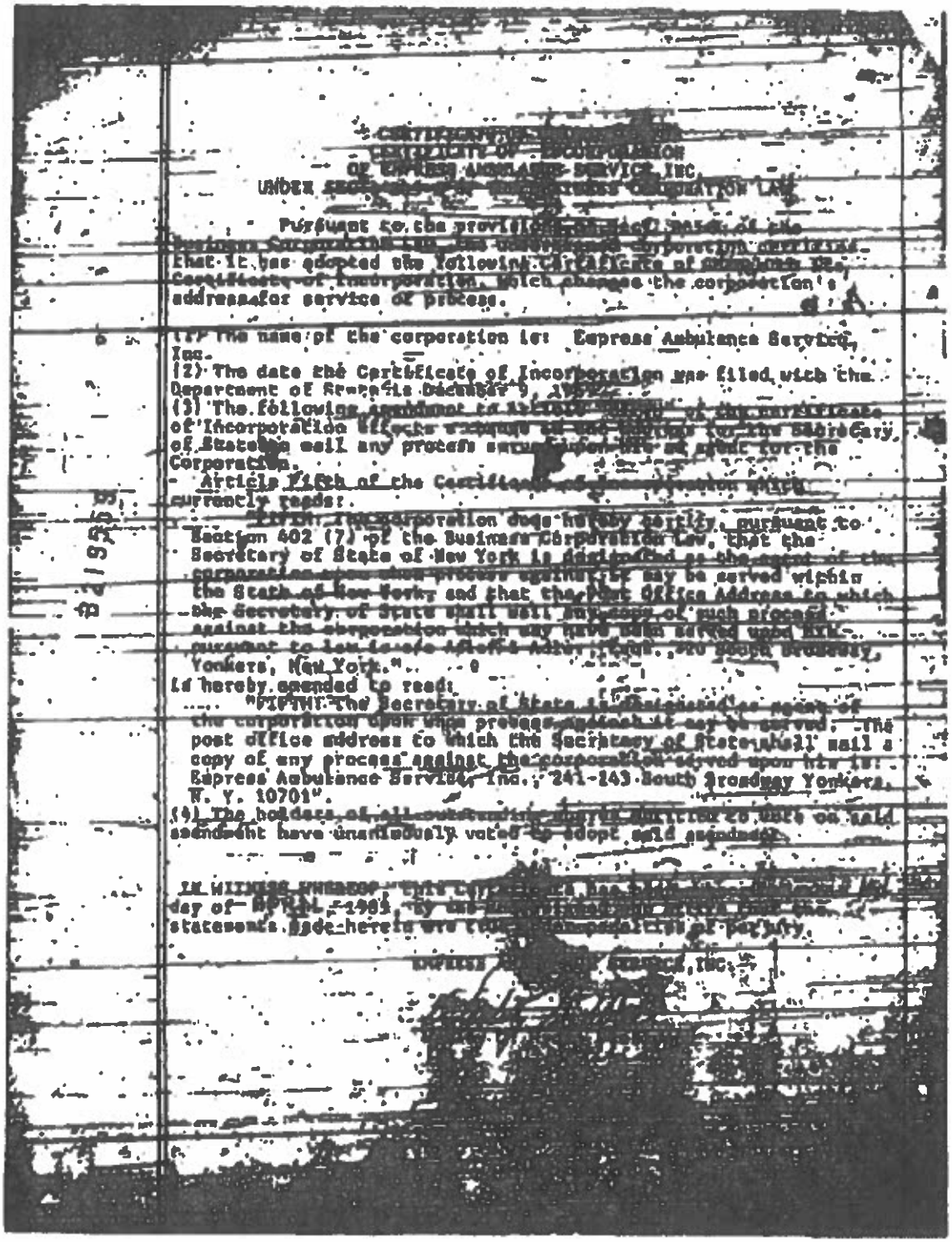
I hereby certify that the annexed copy has been compared with the original document filed by the Department of State and that the same is a true copy of said original.

Witness my hand and seal of the Department of State on **January 11, 2005**

STATE OF NEW YORK
DEPARTMENT OF STATE

Secretary of State

DOS-200 (Rev. 03/02)



CERTIFICATE OF INCORPORATION
OF EXPRESS AMBULANCE SERVICE, INC.
UNDER SECTION OF THE BUSINESS CORPORATION LAW

Pursuant to the provisions of Section of the Business Corporation Law, the undersigned corporation certifies that it has adopted the following Certificate of Amendment to Certificate of Incorporation, which changes the corporation's address for service of process.

(1) The name of the corporation is: Express Ambulance Service, Inc.

(2) The date the Certificate of Incorporation was filed with the Department of State is December 9, 1982.

(3) The following amendment to Article Fifth of the Certificate of Incorporation effects changes in the address to which the Secretary of State shall mail any process served upon him as agent for the Corporation.

Article Fifth of the Certificate of Incorporation which currently reads:

"FIFTH: The corporation does hereby certify, pursuant to Section 402 (7) of the Business Corporation Law, that the Secretary of State of New York is designated as the agent of the corporation upon whom process against it may be served within the State of New York; and that the post office address to which the Secretary of State shall mail any copy of such process against the corporation which may have been served upon him pursuant to law is c/o Alfred's Ambulance, 241-243 South Broadway, Yonkers, New York."

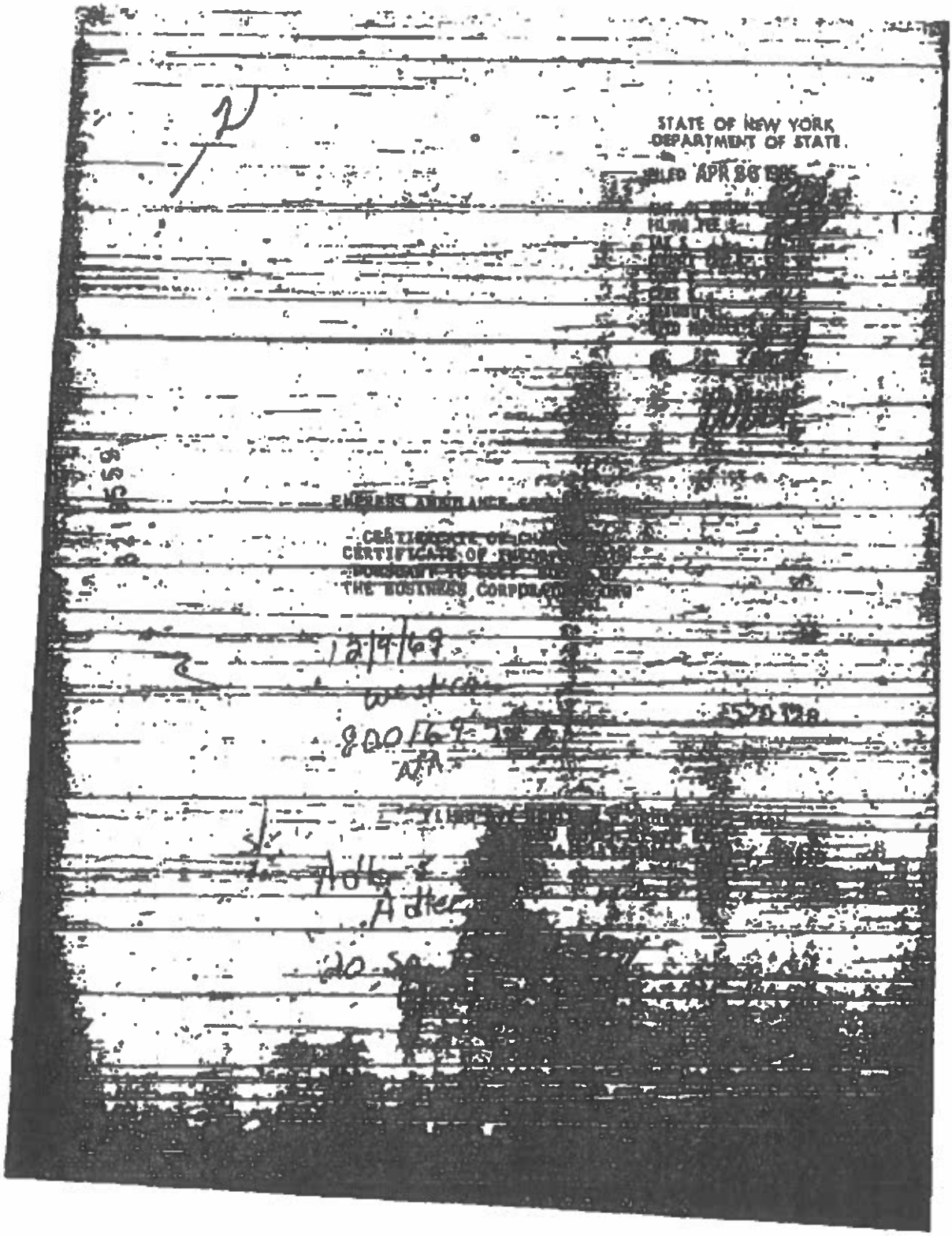
is hereby amended to read:

"FIFTH: The Secretary of State is designated as agent of the corporation upon whom process against it may be served. The post office address to which the Secretary of State shall mail a copy of any process against the corporation served upon him is: Express Ambulance Service, Inc., 241-243 South Broadway Yonkers, N. Y. 10701".

(4) The holders of all outstanding shares entitled to vote on said amendment have unanimously voted to adopt said amendment.

IN WITNESS WHEREOF, this Certificate has been signed this day of April, 1983, by the undersigned who affirm that the statements made herein are true under the penalties of perjury.

EXPRESS AMBULANCE SERVICE, INC.


STATE OF NEW YORK
DEPARTMENT OF STATE
FILED APR 26 1985
CERTIFICATE OF
THE BUSINESS CORPORATION
12/9/69
$20.00
After

State of New York)
Department of State) ss:

I hereby certify that the annexed copy has been compared with the original document filed by the Department of State and that the same is a true copy of said original.

Witness my hand and seal of the Department of State on **January 11, 2005**

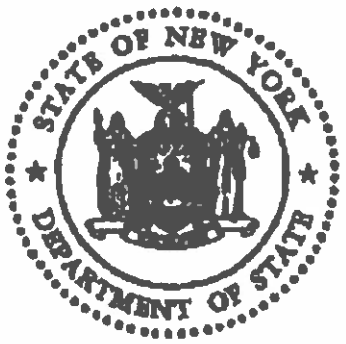
STATE OF NEW YORK
DEPARTMENT OF STATE

Secretary of State

DOS-0030 (Rev. 05/02)

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of EMPRESS AMBULANCE SERVICE, INC. was filed on 12/09/1969, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



***

Witness my hand and the official seal of the Department of State at the City of Albany, this 26th day of August two thousand and eight.

Daniel Shapiro
Special Deputy Secretary of State

2008082760009 * 65

STATE OF NEW YORK

DEPARTMENT OF STATE

I hereby certify that the annexed copy has been compared with the original document in the custody of the Secretary of State and that the same is a true copy of said original.

WITNESS my hand and official seal of the Department of State, at the City of Albany, on December 1, 2016.

Brendan Fitzgerald
Executive Deputy Secretary of State

Rev. 09/16

SERVICO-35 201611300 41

CERTIFICATE OF ASSUMED NAME
Pursuant to Section 130 of the General Business Law

1) The name of the entity is: **EMPRESS AMBULANCE SERVICE, INC.**

2) Business is formed under: Business Corporation Law

3) Assumed Name: MONTEFIORE

4) Principal place of business in New York State:

722 Nepperhan Ave.
Yonkers, New York 10703
County: Westchester

___(If none, check and insert out of state address above.)

5) Counties in which business will be conducted under the assumed name.
(__ All Counties)
Westchester
Rockland, Bronx

6) Addresses and County of each business location within New York State:
(or ____ No New York State Business Location)

722 Nepperhan Ave.
Yonkers, New York 10703
Westchester

s/Michael Minerva
BY: Michael Minerva, Authorized Person

1

41

SERVICO-35

CERTIFICATE OF ASSUMED NAME

OF

EMPRESS AMBULANCE SERVICE, INC.

Pursuant to Section 130 of the General Business Law

1 CC

FILED
2016 NOV 30 PM 12:32

STATE OF NEW YORK
DEPARTMENT OF STATE
FILED NOV 30 2016
BY: 388141
BY: KT

Acct: 31496

CUSTOMER REFERENCE NUMBER: 64683

FILER:
Taddeo & Shahan, LLP
472 S. Salina Street, Suite 700 (COMMERCIAL)
Syracuse, NY 13202

2

DEPARTMENT OF STATE

I hereby certify that the annexed copy has been compared with the original document in the custody of the Secretary of State and that the same is a true copy of said original.

WITNESS my hand and official seal of the Department of State, at the City of Albany, on May 26, 2015.

Anthony Giardina
Executive Deputy Secretary of State

Rev. 06/13

201505220 69

SERVICO-35

CERTIFICATE OF ASSUMED NAME

Pursuant to Section 130 of the General Business Law

1) The name of the entity is: EMPRESS AMBULANCE SERVICE, INC.

2) Business is formed under: Business Corporation Law

3) Assumed Name: EMERGACARE NEW YORK EMERGENCY AMBULANCE SERVICES

4) Principal place of business in New York State:

722 Nepperhan Ave.
Yonkers, NY 10703
County: Westchester

___(If none, check and insert out of state address above.)

5) Counties in which business will be conducted under the assumed name.
(__ All Counties)
Westchester
Rockland

6) Addresses and County of each business location within New York State:
(or____ No New York State Business Location)

722 Nepperhan Ave.
Yonkers, NY 10703
Westchester

s/Michael Minerva
BY: Michael Minerva, Authorized Person

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SERVICO-35

CERTIFICATE OF ASSUMED NAME

OF

EMPRESS AMBULANCE SERVICE, INC.

Pursuant to Section 130 of the General Business Law

FILED
2015 MAY 22 PM 3:02

RECEIVED
2015 MAY 22 PM 12:07

Acct#: 1496

CUSTOMER REFERENCE NUMBER: 58306

160
STATE OF NEW YORK
DEPARTMENT OF STATE
FILED MAY 22 2015
TAX$ 350561
BY: JL

FILER:
Taddeo & Shahan, LLP
472 S. Salina Street, Suite 700
Syracuse, NY 13202

800169-5

Ex G

STATEMENT OF DEFICIENCIES

Empress Ambulance Service LLC has no deficiency notices alleging continuing uncorrected patient care violations.

Empress Ambulance Service LLC was cited by NYSDOH on or about December 5-12, 2023 for violations of 10 NYCRR Sec. 800.21 (a)(b)(n), 800.22(h), 800.24(b)(4) and (b)(6). None of these violations involved patient care. A Stipulated Settlement and Order was agreed upon and a civil penalty was assessed. The matter was closed.

Empress Ambulance Service LLC has been the subject of litigation claims, as has every ambulance service, primarily the result of motor vehicle accidents and other such occurrences. Each case was fully defensible.

Supplemental Statement of Deficiencies

Empress Ambulance Service, LLC together with its parent company Paramedics Logistics Operating Company, LLC and their parent companies ("Empress") and Empress's subsidiaries are in material compliance with PHL Section 3005. They have not been found to have violated laws in any jurisdiction that (i) threatened to directly affect the health, safety, or welfare, and (ii) were recurrent or were not promptly corrected. They (a) have not been convicted of a crime or pleaded nolo contendere to a felony charge in any jurisdiction involving murder, manslaughter, assault, sexual abuse, theft, robbery, fraud, embezzlement, drug abuse, or sale of drugs and (b) are not or were not subject to a state or federal administrative order relating to fraud or embezzlement in any jurisdiction.

Ex
H

LIST OF CURRENT OWNERS/ MANAGERS and OFFICERS

Of

EMERGACARE NY, LLC

Manager:	Paramedics Logistics Operating Company, LLC
CEO:	Jeffrey A Shullaw
President:	Michael Minerva
Vice-President:	Daniel Minerva
Sec/Treasurer:	Matthew Minerva
Sr Vice-President:	Matthew Minerva
COO:	Daniel Minerva
VP of Corporate Development:	James O'Connor

I.x3

Emergacare NY, LLC
Articles of Organization

STATE OF NEW YORK
DEPARTMENT OF STATE

I hereby certify that the annexed copy for EMERGACARE, NY LLC, File Number 011204000777 has been compared with the original document in the custody of the Secretary of State and that the same is true copy of said original.

WITNESS my hand and official seal of the Department of State, at the City of Albany, on October 30, 2025.

WALTER T. MOSLEY
Secretary of State

Brendan C. Hughes

BRENDAN C. HUGHES
Executive Deputy Secretary of State

Authentication Number: 100009044226 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.ny.gov

011204000777

CSC 45

New York State
Department of State
Division of Corporations, State Records
and Uniform Commercial Code
Albany, NY 12231

ARTICLES OF ORGANIZATION

OF

NATIONAL EMERGENCY AMBULANCE SERVICES, LLC

Under Section 203 of the Limited Liability Company Law

FIRST: The name of the limited liability company is: National Emergency Ambulance Services, LLC

SECOND: The county within this state in which the office of the limited liability company is to be located is: Westchester

THIRD: The Secretary of State is designated as agent of the limited liability company upon whom process against it may be served. The address within or without this state to which the Secretary of State shall mail a copy of any process against the limited liability company served upon him or her is:

National Emergency Ambulance Services, LLC
722 Nepperhan Avenue
Yonkers, New York 10703

(signature)

Michael Minerva, Organizer
(name and capacity of signer)

F01120400077

CSC 45

ARTICLES OF ORGANIZATION

OF

NATIONAL EMERGENCY AMBULANCE SERVICES, LLC

Section 203 of the Limited Liability Company Law

FILED
2001 DEC -4 PM 4:14

File: John Polera, Esq
Durkin & Polera, P.C.
970 Summer St
1st Fl
Stamford, CT 06905
Cust. Ref#561379/KZB

DRAWDOWN

RECEIVED
2001 DEC -4 PM 4:05

STATE OF NEW YORK
DEPARTMENT OF STATE
DEC 04 2001
FILED
TAX $
BY:

2 01120400079 9

STATE OF NEW YORK
DEPARTMENT OF STATE

I hereby certify that the annexed copy for EMERGACARE, NY LLC, File Number 020308000234 has been compared with the original document in the custody of the Secretary of State and that the same is true copy of said original.

WITNESS my hand and official seal of the Department of State, at the City of Albany, on October 31, 2025.

WALTER T. MOSLEY
Secretary of State

Brendan C. Hughes

BRENDAN C. HUGHES
Executive Deputy Secretary of State

Authentication Number: 100009046505 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.ny.gov

CERTIFICATE OF AMENDMENT 020308000

OF THE

ARTICLES OF ORGANIZATION

OF

NATIONAL EMERGENCY AMBULANCE SERVICES, LLC

Under Section 211 of the Limited Liability Company Law

FIRST: The name of the limited liability company is NATIONAL EMERGENCY AMBULANCE SERVICES, LLC

SECOND: The date of filing of the articles of organization is 12/4/2001.

THIRD: The amendments effected by this certificate of amendment are as follows: To change the name of the LLC.

Paragraph First of the Articles of Organization dealing with the name of the LLC is hereby amended to read as follows:

1 " The name of the LLC is: emergacare, ny llc."

/s/ Michael Minerva
(signature)

Michael Minerva, Member
(name and capacity of signer)

DAV

020308000

CSC 45

CERTIFICATE OF AMENDMENT

OF

NATIONAL EMERGENCY AMBULANCE SERVICES, LLC

Under Section 211 of the Limited Liability Company Law

STATE OF NEW YORK
DEPARTMENT OF STATE
FILED MAR 08 2002
TAX $
BY:

FILED BY:
DURKIN & POLERA, P.C.
970 Summer St
1st Fl
Stamford, CT 06905
Cust. Ref#441987DAV

RECEIVED
2002 MAR -8 AM 9:09

Ex J

Agency Code Number: 0670 Issued: 7/7/2025 Expires: 7/31/2027

NEW YORK STATE DEPARTMENT OF HEALTH

Ambulance Service Certificate

Emergacare NY, LLC

DBA: Empress Emergency Ambulance Services

is hereby certified as a New York State ambulance service in accordance with the provisions of Article 30 of the Public Health Law

PRIMARY TERRITORY:
Counties of Westchester, Bronx, and New York

Emergency Medical Services Program

Commissioner of Health

This certificate may be revoked, suspended, limited or annulled for violation of the Public Health Law

THIS CERTIFICATE IS NOT TRANSFERABLE

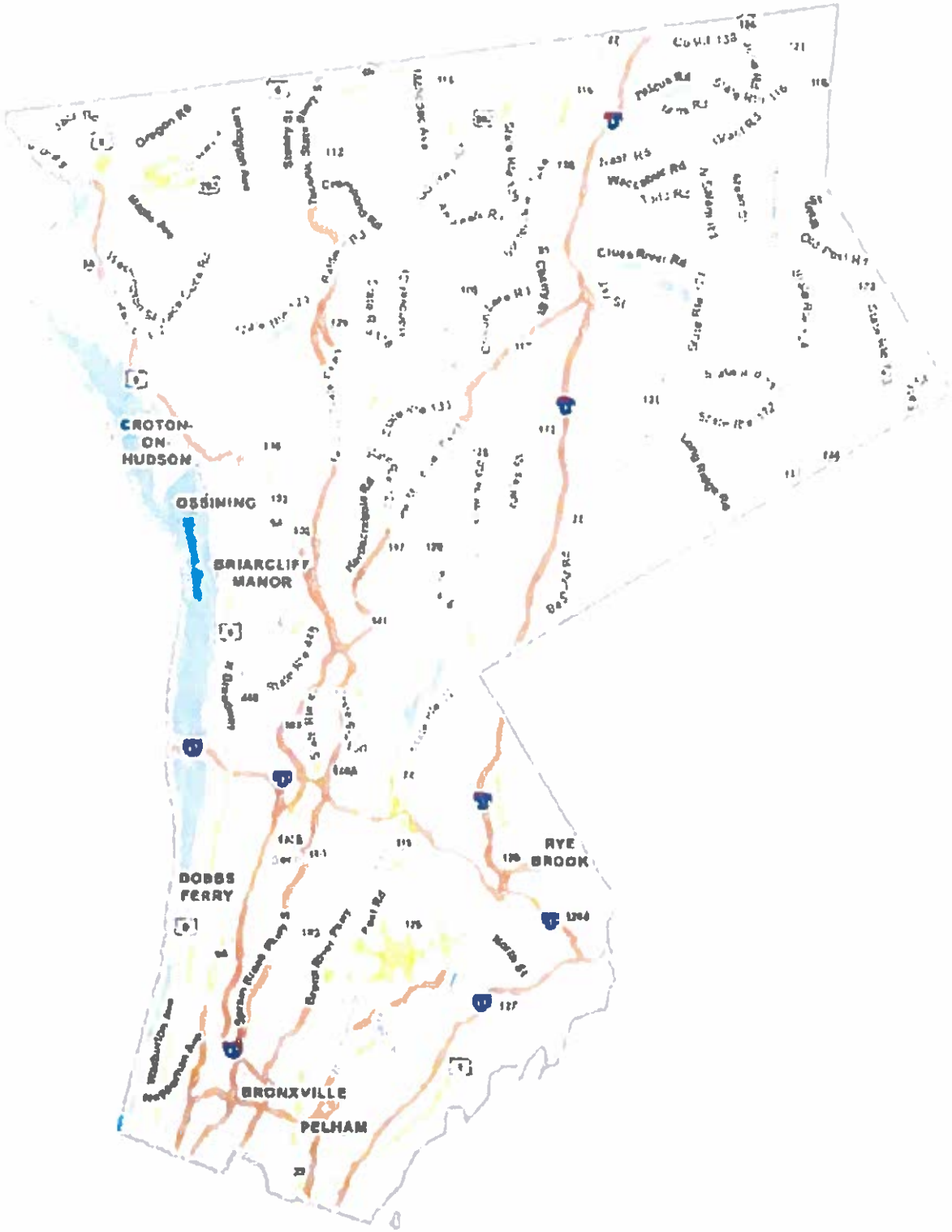
Keep conspicuously posted

DOH-3414 (8/91)

No. 39161

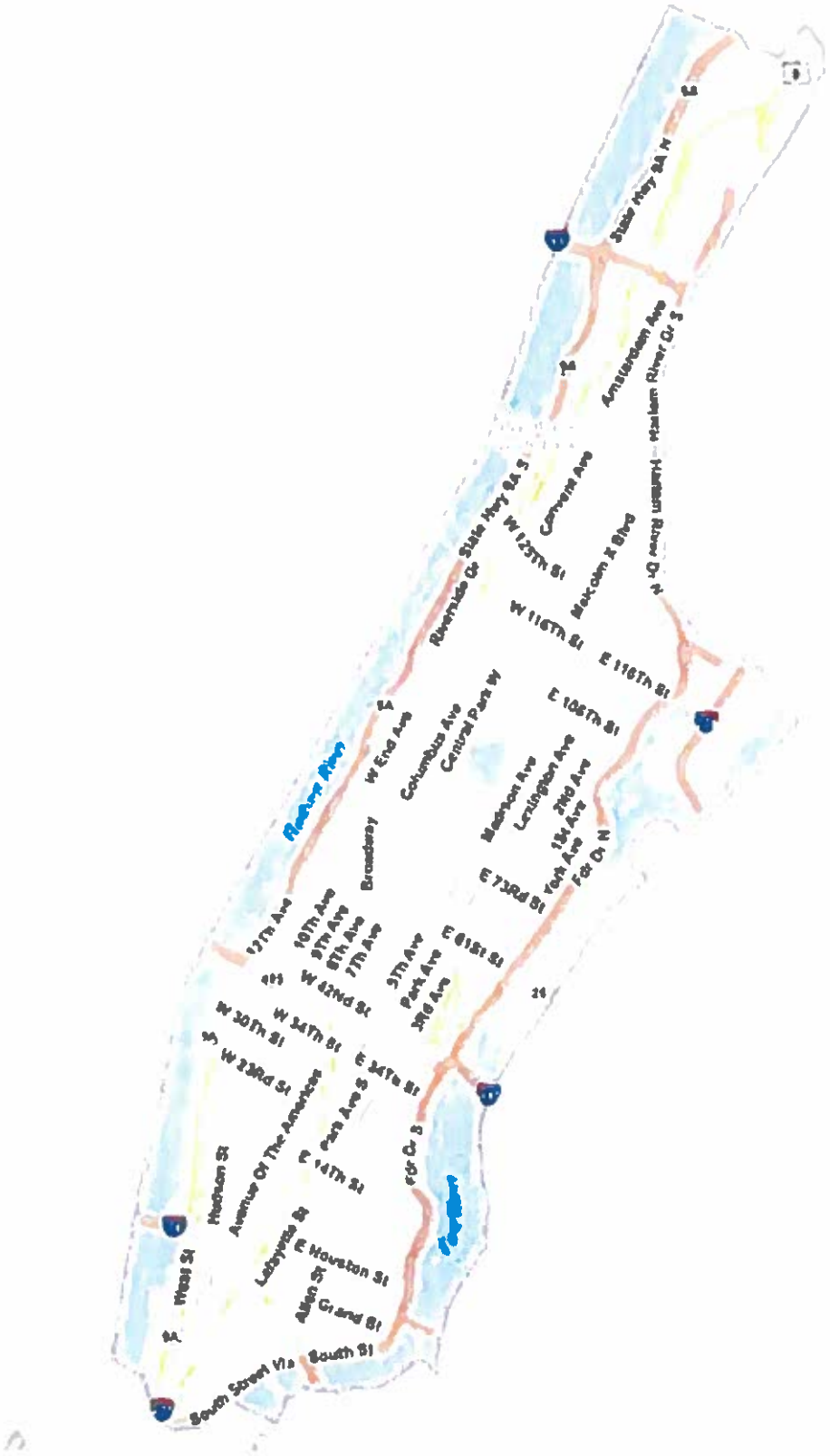
K

Westchester County Map, New York



Bronx County Map, New York

New York County Map, New York



There is no contract for the sale of assets between Emergacare and Empress. The Statement of Purpose and Intent sets forth the salient details.

M

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 10/16/2025

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
Edgewood Partners Insurance Agency
40 Marcus Drive
3rd Floor
Melville NY 11747

CONTACT NAME: Jennifer Gardner
PHONE (A/C, No, Ext): 2016612444 FAX (A/C, No): 2016612444
E-MAIL ADDRESS: jennifer.gardner@epicbrokers.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Coverys Specialty Insurance Company	15686
INSURER B : Ironshore Specialty Insurance Company	25445
INSURER C : Arch Insurance Company	11150
INSURER D :	
INSURER E :	
INSURER F :	

INSURED PARALOG1
Empress Ambulance Service, LLC
Emergacare NY, LLC
722 Nepperhan Ave
Yonkers NY 10703

COVERAGES **CERTIFICATE NUMBER:** 1607473020 **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	
B	X COMMERCIAL GENERAL LIABILITY	Y	Y	HC7SAC2MCR002	7/1/2025	7/1/2026	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 50,000
							MED EXP (Any one person)	$ n/a
							PERSONAL & ADV INJURY	$ Included
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ Included
	OTHER:							$
C	AUTOMOBILE LIABILITY	Y	Y	11CAB1020506	7/1/2025	7/1/2026	COMBINED SINGLE LIMIT (Ea accident)	$ 2,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
A	X UMBRELLA LIAB OCCUR	Y	Y	005FL000048290	7/1/2025	7/1/2026	EACH OCCURRENCE	$ 10,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$ 10,000,000
	DED RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
B	Professional Liability -CLAIMS MADE	Y		HC7SAC2MCR002	7/1/2025	7/1/2026	EACH OCCURRENCE AGGREGATE SAM	1,000,000 3,000,000 Included

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

- Paramedics Logistics Operating Company, LLC
- Paramedics Logistics South Dakota, LLC
- Paramedics Logistics Florida
- The EMS Training School, LLC
- MedFleet LLC
- Empress Ambulance Service LLC

See Attached ..

CERTIFICATE HOLDER

EVIDENCE OF INSURANCE

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

Proposed Budget for NYS Operations of all Emergacare and Empress entities at the subject of the transfer of ownership application

($ in 000s)	**2026 Budget**
Total Revenue	**$133,531**
Wages & Benefits	86,433
Fleet and Equipment Expenses	5,132
Other Costs	28,085
Total Expenses	**$119,649**
Divisional Contribution[1]	**$13,881**

(1) Excludes any Depreciation, Amortization, Interest or Tax Expense allocated to these entities; Excludes any costs associated with corporate support (i.e. Finance, C-Suite, etc.)

Note: The budget information provided is for informational and preliminary planning purposes, only. All figures, estimates, and projections are subject to change and may vary based upon updated data, completion of all due diligence in contemplation of sale, changing circumstances, or management decisions. The final budget may differ materially from the projections presented here, which are submitted for purposes of compliance with information requested in connection with DOH Form 3777.

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STATEMENT OF ASSETS BEING TRANSFERRED

As a result of this internal reorganization, all of the assets owned by Emergacare NY, LLC will be transferred to Empress Ambulance Service, LLC, *to wit*:

One fully equipped and stocked ambulance vehicle

NYS Ambulance Operating Certificate

Miscellaneous supplies utilized in the provision of ambulance transportation services