

**APPLICATION PURSUANT TO PHL §3010
FOR TRANSFER OF ASSETS**

**NORTHERN AMBULANCE CORPS, LLC
to**

**MONROE MEDI-TRANS, INC. d/b/a MONROE AMBULANCE
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All officers, directors and operations managers of Purchaser**
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- D. Resume of New Owner including Organizational Chart**
- E. Deficiency Notices and Malpractice Actions (Purchaser)**
- F. Statement of Current Ownership/Officers and Directors of Seller**
- G. Statement of End Ownership**
- H. List of Officers and Directors post transfer**
- I. Primary Operating Territory Map**
- J. Department of Health Ambulance Operating Certificate**

Exhibit A

Application for Transfer of Ownership

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		
Northern Ambulance Corps, LLC		0734	54-2133804		
Address		City	State	Zip	County
347 Elm St		Malone	NY	12953	Franklin
Contact Person		Title			
Vicki Rockhill		Sole Member			
Business Phone	Home Phone	Cell Phone	E-mail		
(518) 483- 6659	() -	(518) 651 - 9287	northamb@verizon.net		

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)

Vicki Rockhill - Sole Member 100%

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

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 Tiffany Bombard	24 McManus Rd	Vermontville	NY	(207) 318 - 7757

Agency Providing Medical Control	Phone Number
University of Vermont Health Network Alice Hyde Medical Center	(518) 483 - 3000

System Medical Director	Address	City	State	Phone Number
Dr Tiffany Bombard	120 Washington St Ste 230	Watertown	NY	(315) 755 - 2020

Size of Population to be Served	Days of operation	Hours of operation
46,373 (2022)	7	24

Projected Call Volume	Total <u>1613</u>	Emergency <u>664</u>	Non-Emergency <u>949</u>
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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
2	1	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	Federal Employer Identification Number
Monroe Medi-Trans, Inc. d/b/a Monroe Ambulance	16-1043764

Address	City	State	Zip	County
1669 Lyell Ave	Rochester	NY	14606	Monroe

Contact Person	Title
Michael Witkowski	Chief Operating Officer

Business Phone	Home Phone	Cell Phone	E-mail
(585) 347 - 7639	(585) 749 - 6640	(518) 888 - 2261	mike@monroeambulance.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)

Thomas Coyle 50% Timothy Coyle 50%

Exhibit B

Affirmations of Fitness & Competency

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.

Northern Ambulance Corps, LLC

0734

Name of EMS Agency

NYS EMS Agency Code

Monroe Medi-Trans Inc. d/b/a Monroe Ambulance

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

Full Name of Individual

Title

1669 Lyell Ave

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

161-04-3764

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.

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.

Thomas C Coyle President-CEO

Full Name

Thomas C. Coyle, President/CEO

Signature

Date

10/21/2024

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.

Thomas C Coyle - President-CEO

Full Name

Thomas C. Coyle, President/CEO

10/21/2024

Affirmation of Fitness and Competency

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

Thomas C. Coyle

President-CEO

Full Name of Individual

Title

1669 Lyell Ave, Rochester, NY 14606

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

Social Security Number (this is not releasable under the provisions of FOIL)

Date of Birth

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Certification of Competency

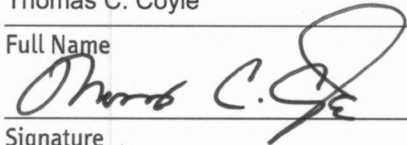
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If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of competency.

Thomas C. Coyle

Full Name



Signature

Date

10/01/2024

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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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.

Thomas C. Coyle

Full Name



10/01/2024

THOMAS C. COYLE

179 Timarron Trail, Rochester, NY 14612

Mobile: (585)-509-3686 | Email: tom@monroeambulance.com or tcc3266@gmail.com

Executive Profile

Accomplished, dedicated, compassionate executive offering a prodigious record of leadership achievement in all facets of strategic plan execution, value creation, and operations management. Highly effective at balancing competing priorities, cultural considerations and relationship dynamics to gain stakeholder buy-in for long term organizational viability. A reputation defined by principal leadership, service excellence and sound decision-making across rapidly evolving and fluid situations. A highly astute communicator/influencer and relationship-builder with an innate ability to grow and develop talent to build capacity. Respected for visionary mindset and intellectual agility to develop and set direction for infrastructure standards and tactical innovation that anticipate business needs, propel continuous improvement and drive growth.

Executive Competencies

- ❖ **Relationship Effectiveness:** A vibrant communicator with high social intelligence, regarded for ability to develop and maintain productive relationships, partnerships and alliances with organizational and community stakeholders. Recognized for dedication to lead and mentor others and facilitate sensitive, high-stakes negotiations.
- ❖ **Operational Leadership:** Over thirty-five years of progressive experience in executive and administrative matters, including strategy, operations, purchasing, human resources, training, talent acquisition, facilities management, safety/emergency management, fleet maintenance, and contract labor relations.
- ❖ **Organization Building:** Experienced building high-performing organizations focusing on best practices and organizational development - mindful of service

THOMAS C. COYLE

179 Timarron Trail, Rochester, NY 14612

Mobile: (585)-509-3686 | Email: tom@monroeambulance.com or tcc3266@gmail.com

Professional Experience

Monroe Ambulance, President/CEO (01/16-present)

Rochester, New York

- Plan, develop, implement, and direct the organization's operational and fiscal function and performance
- Act as a strategic partner by developing and implementing the company's plans and programs.
- Analyze and make recommendations on the impact of long-range growth initiatives, planning, and introduction of new strategies and regulatory actions.
- Develop credibility and authority for the finance leadership team by providing accurate analysis of budgets, reports and financial trends and operational procedures in order to assist the BOD's and senior executive team.
- Create, improve, implement and enforce policies and procedures of the organization that will improve operational and financial effectiveness of the company.

Monroe Ambulance, Vice President (06/96-12/16)

Rochester, New York

- Direct, manage and plan operations for a multi-service corporation
- Supervision of 260 employees.
- Manage division for fiscal planning and budget.
- Recruit, hire, manage and evaluate division staff
- Direct company policy and implementation.

Monroe Ambulance, EMT (06/84-06/96)

Rochester, New York

Provide ambulance services, medical care and transportation for the sick and injured

THOMAS C. COYLE

179 Timarron Trail, Rochester, NY 14612

Mobile: (585)-509-3686 | Email: tom@monroeambulance.com or tcc3266@gmail.com

Professional Affiliations:

MLREMSC

Alliance of Independent Medical Services (AIMS)

United New York Ambulance Network (UYNAN)

North Greece Fire District

Monroe County EMS Chief's Association

Brook-Lea Country Club

Greece Chamber of Commerce

Past Vice Chair

President

Chair Elect (Current)

Commissioner

Chair Elect (Current)

Board Member/House Chair (Current)

Board Member



Bureau of Emergency Medical Services and Trauma Systems

Welcome Leeanne Dann

EMS PROVIDER CERTIFICATION

[Back to Search Results](#)

Provider ID:

21436

Name:

Coyle, Thomas C

County:

Monroe

Status:

Status OK

Certification Level

Expiration Date

Emergency Medical Technician (EMT)

02/28/2025

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Northern Ambulance Corps, LLC

0734

Name of EMS Agency

NYS EMS Agency Code

Monroe Medi-Trans, Inc. d/b/a Monroe Ambulance

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

Timothy S. Coyle

VP, Director of Purchasing

Full Name of Individual

Title

1669 Lyell Ave, Rochester, NY 14606

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

Social Security Number (this is not releasable under the provisions of FOIL)

Date of Birth

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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.

Timothy S. Coyle

Full Name



Signature

Date

10/1/24

Certification of Fitness

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Timothy S. Coyle

Full Name



10/1/24

Tim Coyle
1669 Lyell Ave
Rochester, NY 14606
(585) 327-7603
tim@monroeambulance.com

Executive Profile

Dedicated Executive Vice President and Co-Owner of Monroe Medi-Trans Inc. with over 30 years of experience in the emergency medical and transportation industries. Proven leadership in managing operations, enhancing service delivery, and driving organizational growth. Passionate about improving community health and providing exceptional care during critical moments.

Professional Experience

Monroe Medi-Trans Inc. (DBA Monroe Ambulance)

Executive Vice President & Co-Owner

Director of Purchasing

Board Member

1984 - Present

- Oversee operations and management of the company, ensuring high standards of service delivery in emergency medical and transportation services.
- Managed the Medical Transport Department, facilitating transport for physically challenged individuals and coordinating logistics for appointments and personal outings with a fleet of 15-28 vehicles

Skills

- Leadership & Team Management
- Strategic Planning & Operations
- Emergency Medical Services
- Logistics & Supply Chain Management
- Community Health & Safety
- Staff Training & Development

References

Available upon request.

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Northern Ambulance Corps, LLC

0734

Name of EMS Agency

NYS EMS Agency Code

Monroe Medi-Trans, Inc. d/b/a Monroe Ambulance

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

Matt T. Minisce

Chief Financial Officer


Full Name of Individual

Title

1669 Lyell Ave, Rochester, NY 14606

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


Social Security Number (this is not releasable under the provisions of FOIL)


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Matt T. Minisce

Full Name

Matt T. Minisce

Signature

10/1/24

Date

Certification of Fitness

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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.

Matt T. Minisce

Full Name

Matt T. Minisce

10/1/24

MATT MINISCE, CMA, CFM

201 Pine Valley Drive • Rochester, New York 14626
mminisce@rochester.rr.com • cell 585-503-4934

Financial Professional

Experienced and goal-oriented Financial Professional with extensive finance experience in diverse industries include health care, manufacturing and telecommunications. Proven ability to improve operations, cost reductions, internal controls, and productivity/efficiency improvements. Directed financial management teams to support achievement of overall corporate goals and objectives. *Core competencies include:*

- Accounting Management
 - Cash Management
 - Technology Integration
 - Financial Analysis
 - Budgeting
 - Regulatory Compliance
 - Forecasting
 - Cost Reductions
 - Efficiency Improvements
-

CAREER EXPERIENCE

Monroe Ambulance, Rochester, New York, 2019-Present

Chief Financial Officer

Key Achievements:

- Implemented weekly cash flow forecast to be distributed to Executive Leadership Team.
- Created and implemented a mid-year financial forecasting process to project fiscal year end to be used for operations and tax planning purposes.
- Enhanced month end reporting package from multiple files distributed to Board of Directors to one file with multiple worksheets. Also expanded financial review to Executive Leadership team.

CAREER EXPERIENCE CONTINUED

- Assisted in the transition to new payroll processing company, mainly responsible to ensure PTO policies were setup and executed correctly.
- Managed the implementation of new accounting software from SAGE 300 to Aliba MIP Fund Accounting.
- Created Power Pivot table that combined different years claim data to provide insight to change in revenue by service (also incorporated by different payers – i.e. Medicaid, Medicare, and Commercial).

Rochester General Health System, Rochester, New York, 1999-2013

Director of Finance – Long Term Care Service Division 2010 to 2013

Controller – Hill Haven 2008 to 2010

Independent Living for Seniors and Hill Haven 2002 to 2005

Asst. Director of Finance – Independent Living for Seniors 1999 to 2002

Key Achievements:

- Received two RGHS Finance Pillar Awards: Recognized as a member of two teams for our efforts in obtaining \$8 million Heal 12 grant for Hill Haven and reducing RGHS external audit expense by \$100k.
- Lead the implementation of Third Party Administrator for Independent Living for Seniors, benefits received from service is ability to receive medical claims electronically in which reduced manual processes and improve encounter reporting to federal and state agencies.
- Recommended and implemented therapy point of service module that resulted in elimination of 10 hours of data entry per week and decreased the time to prepare Medicare billing claims.
- Automated variance-reporting process that eliminated 2 hours of copying per month.
- Provided analysis to Hill Haven Nursing Facility and Rochester General Health System leadership teams the impact onto facility from proposed reductions to Medicaid budget.

CAREER EXPERIENCE CONTINUED

- Assisted Vice President of Finance in creating forecasted financial statement model for Rochester General Hospital, model would forecast to year-end plus forecast out five years and model is updated on a quarterly basis.
- Prepared and communicated ad hoc financial analysis for operational managers and senior management, examples of analysis include product line/contribution margin, breakeven, and volume trend analysis.

Gray Metal Products, Inc. Avon, NY 1998-1999
Controller

Key Achievements:

- Abated over five thousand dollars of assessed penalties from Internal Revenue Service.
- Implemented a formal cash collection and cash flow forecast.
- Identified and implemented new hardware and software in order to be Y2k compliant.

Senior Accountant, *Curtis Burns Inc.* – Rochester, NY 1995-1998

Accountant, *Frontier Corporation* – Rochester, NY 1994-1995

Staff Accountant, *Marcel's Bowling Enterprises* – Rochester, NY 1992-1994

EDUCATION & PROFESSIONAL AFFILIATIONS

State University of New York, College at Brockport- B.S. in Accounting. Minor in Economics.

Monroe Community College, Rochester, NY--A.A.S. Business Administration.

Institute of Management Accountants, *Certified Management Accountant and Certified Financial Manager*

Affirmation of Fitness and Competency

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Name of EMS Agency

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

Michael Scott Witkowski

Chief Operating Officer

Full Name of Individual

Title

38 Washington Rd, Scotia, New York 12302

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

Social Security Number (this is not releasable under the provisions of FOIL)

Date of Birth

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YES NO

- | | | |
|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Emergency Medical Service certified by the NYS Department of Health, or equivalent in any other state. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Hospital, long term care facility or other Article 28 facility licensed by the NYS Department of Health, or equivalent in any other state. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Invalid coach (Ambulette) Service authorized by the NYS Department of Transportation or equivalent in any other state. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Home or residence licensed by NYS or equivalent in any other state. |
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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 Scott Witkowski

Full Name

Signature



Date

10/1/24

Certification of Fitness

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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.

Michael Scott Witkowski

Full Name



10/1/24

MICHAEL S. WITKOWSKI

38 Washington Rd • Scotia, NY 12302

83 Lynette Dr • Rochester, NY 14616

518.888.2261 Cell • michael.scott.witkowski@gmail.com

EXECUTIVE MANAGEMENT PROFILE

Dynamic Leadership / Operations Oversight / Customer Service Excellence

Energetic, visionary executive leader with more than 43 years' experience in managing and performing all aspects of the administration of Emergency Services by leveraging a keen understanding of priorities with superior cross-functional communications and interpersonal skills. Easily establish relationships and interface with key management and personnel throughout community and partnering agencies. Recognized for consistent success in developing relationships, processes, and procedures to streamline operations, increase revenues, and enhance profit performance. *Core competencies include:*

- Business Development
- Strategic Planning & Execution
- Team Performance Optimization
- Quality Customer Service & Support
- Product and Service Marketing
- Budget Planning & Oversight
- Program Analysis / Problem Solving
- Training & Presentations
- Process & Performance Improvements
- Development of Client Relationships

PROFESSIONAL EXPERIENCE

CHIEF OPERATING OFFICER, November 2023 to Date
MONROE AMBULANCE, Rochester, NY

CHIEF OF OPERATIONS, July 2017 to November 2023
AMBULNZ, New York, NY

EXECUTIVE DIRECTOR, February 2016 to July 2017
VILLAGE AMBULANCE SERVICE, Williamstown, MA

Professional Experience Continued

Medical Dispatcher*

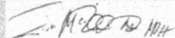
Professional Development: FEMA ICS and NIMS, Lean Six Sigma Black Belt

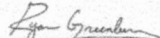
Professional Affiliations: Member Medical Practice Manager Association • National Academy of Ambulance Coding • United New York Ambulance Network • American Ambulance Association • Past President of the Hudson Valley Regional EMS Council • City of Beacon Deputy Emergency Manager • Past President of the City of Beacon Fire Department • City of Beacon Public Information Office • Member of the Dutchess County EMS Council • Member of Tri State Emergency Management Group • Past Member of the Dutchess County Board of Health

*Expired certification



Provider: Witkowski, Michael S
Level: Paramedic
State #: 133632
EXP: 05/31/2026


James V. McDonald, MD, MPH
Commissioner of Health


Ryan P. Greenberg, NRP
Director, Bureau of EMS

PARAMEDIC WITKOWSKI

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.

Northern Ambulance Corps, LLC

Name of EMS Agency

0734

NYS EMS Agency Code

Monroe Medi-Trans, Inc. d/b/a Monroe Ambulance

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

Christopher Dewey

Full Name of Individual

Chief Information Officer

Title

1669 Lyell Ave, Rochester, NY 14606

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

██████████
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.

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.

Christopher Dewey

Full Name

Signature

Date

10/1/29

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.

Christopher Dewey

Full Name

10/1/24

Christopher Dewey | 585-208-9205 | dewey.cp@gmail.com
156 Chestnut Ridge Road, Rochester, NY 14624

Christopher Dewey

Innovative, results-driven technology leader with over 30 years of experience in strategic project management, process optimization, and advanced IT solutions. Proven track record of driving technological change, reducing costs, and improving operational efficiency in emergency medical services and technology sectors. Adept at leveraging technology and fostering collaborative team environments.

Professional Profile

Results driven, proven problem solving expert with unmatched knowledge diversity. Decades of demonstrated success in managing projects of all sizes. Respected and accountable leader and with the ability to prioritize responsibilities. History of consistent regard to fiscal budget constraints and the ability to leverage available assets to their potential. Talent for identifying business pains and blazing a path toward a solution. Over thirty years of accomplished employment in technology has netted a seasoned professional with the knowledge to effect positive results as a matter of routine.

- Interpersonal communication
- Critical problem solving / Logical
- Innovative development skills
- Excellent written and oral communication skills
- Relationship building
- Team building
- Vision-minded approach
- Trustworthy

Current Employment Summary (Monroe Ambulance)

Accomplishments:

- Transformed and kept current a previously constrained infrastructure into an enterprise-class network using advanced technologies.
- Pioneered the first successful EMS AVL (Automatic Vehicle Location) and telematics solution for the region.

Developed the region's first in-vehicle mobile gateway devices, providing network connectivity to the

Professional History

Chief Information Officer	Monroe Ambulance, Rochester, NY	<i>2019 – Present</i>
Director of Technology	Monroe Ambulance, Rochester, NY	<i>2007 – 2019</i>
Consultant	North Greece Fire District, Greece, NY	<i>2013 – 2016</i>
Solutions Architect/SME	Brite Computers, Victor, NY	<i>2013 – 2015</i>
Technology Director	Microworx, Rochester, NY	<i>1998 – 2007</i>
Partner/Owner	BitsQuik (Internet) Café, Victor, NY	<i>1996 – 1998</i>
Lead Technician –A/V, Theater, Automation, Low Voltage	Cinematronics / Electronics Expeditors, Rochester, NY	<i>1993 – 1996</i>

Exhibit C

Statement of Purpose and Intent

Statement of Purpose and Intent

The purpose of this transaction is for Monroe Medi-Trans, Inc d/b/a Monroe Ambulance (Monroe), that has been an operating ambulance service by the Coyle family since 1975, to acquire the operating assets of Northern Ambulance Corps, LLC (Northern) through an asset purchase agreement included in this application. We are seeking the approval of the Mountain Lakes Regional Emergency Medical Services Council in accordance with the provisions of NYS Public Health Law Article 30 section 3010 to find Monroe "Fit and Competent", as those terms are defined in Article 30, to purchase the operating assets including the NYS Ambulance Certificate from Northern.

It is the intent of Monroe to operate under a separate certificate as a full-service ambulance service throughout its Primary Territory. Post-transfer, Monroe will operate under its own name and over time increase the vehicles and personnel to enhance and support the communities they serve in Franklin County.

Monroe looks forward to being a positive addition by continuing and furthering its participation with the Franklin County EMS community.

Dated: September 17, 2024

Respectfully Submitted:

Monroe Medi-Trans, Inc d/b/a
Monroe Ambulance

Northern Ambulance Corps, LLC

Exhibit D

Resume of New Owner and Organizational Chart



Monroe Medi-Trans, Inc. / Monroe Ambulance

1669 Lyell Avenue
Rochester, New York 14606
www.monroeambulance.com

Emergency: (585) 232-9000
Transportation: (585) 454-6211
Admin Fax: (585) 454-5182

AMBULANCE / TRANSPORTATION

Quality. Compassion. Integrity.

Resume of New Ownership

Monroe Ambulance was formed in October of 1975 and has continued its service to the communities of Monroe and Orleans Counties for 49 years. Monroe was founded by Eileen Coyle who was not only a visionary but an active community leader with the best interests of the community in mind. Eileen forged and instilled a sense of community service in every aspect of Monroe's operation. Monroe was one of the first ambulance services in Monroe County to upgrade and provide Paramedic level ambulance services to the City of Rochester and the surrounding communities serviced by multiple volunteer ambulances.

In 1993, Tom Coyle was promoted to Vice President of Operations and continued Eileen's vision of serving the communities with the right service at the right time. In 2018, Eileen suddenly passed, and Tom transitioned into the position of President and CEO of the organization and has continued to improve and solidify Monroe's standing as a leader in the EMS community.

Under Tom's leadership, Monroe is responsible for 1263 square miles of Monroe and Eastern Orleans Counties, serving 12 Towns as the primary ambulance provider. Monroe also provides ALS and Mutual Aid Ambulance the other towns and villages of Monroe County as available.

In 2023, Monroe responded to over 30,000 requests for service, and transported approximately 21,000 patients. Monroe currently employs 215 local EMT's and Paramedics and currently operates 29 ambulances and first response vehicles across the 1263 square miles of primary response territory. Monroe's leadership team boasts over 200 years of combined experience in the EMS industry. In addition to our medical technicians, our support staff of 20 provide daily assistance in Administration, Human Resources, Communications, Logistics, Fleet Maintenance, Education, and Training.

Monroe

AMBULANCE

Organization Chart

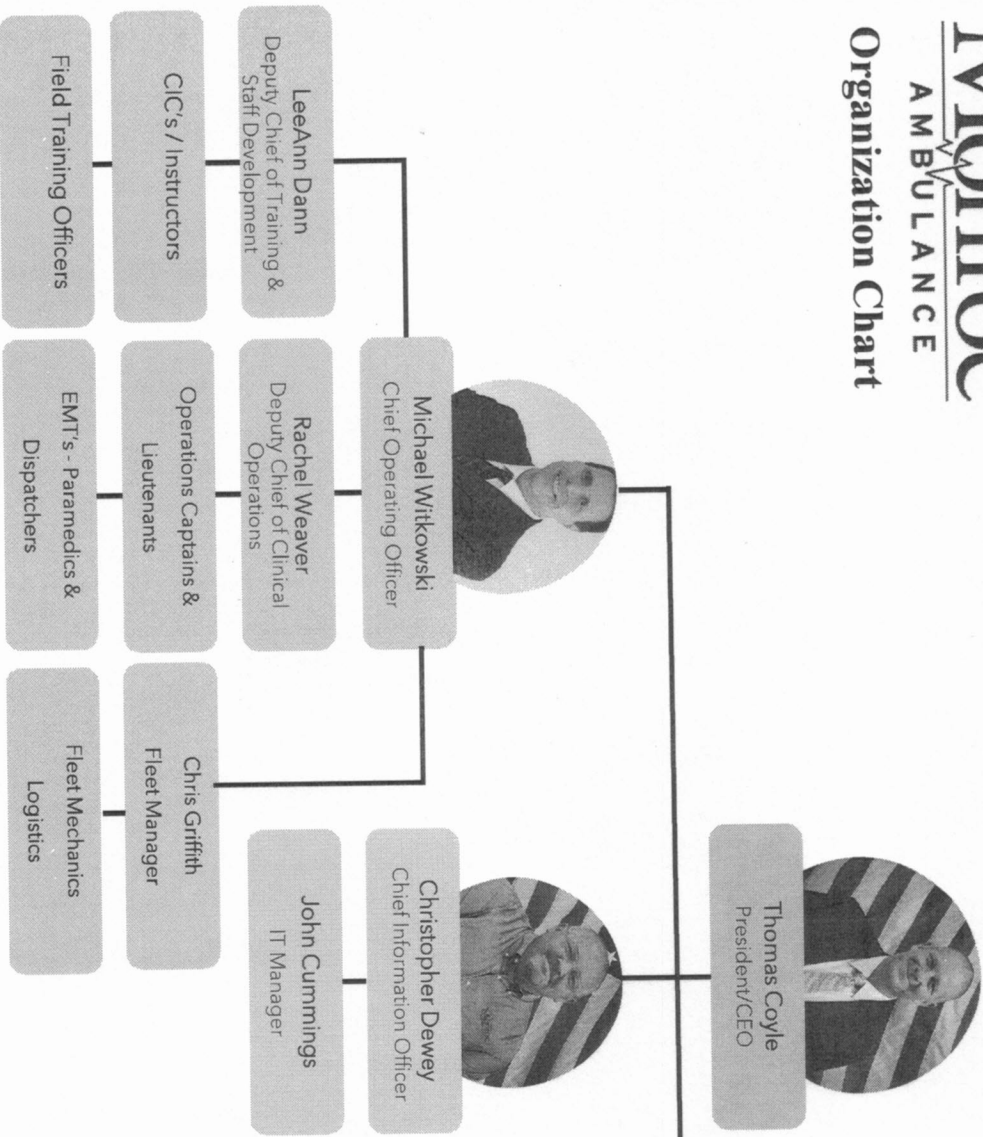


Exhibit E

Deficiency Notices & Malpractice Actions

Monroe



AMBULANCE / TRANSPORTATION

Monroe Medi-Trans, Inc. / Monroe Ambulance

**1669 Lyell Avenue
Rochester, New York 14606
www.monroeambulance.com**

**Emergency: (585) 232-9000
Transportation: (585) 454-6211
Admin Fax: (585) 454-5182**

Quality. Compassion. Integrity.

Monroe Ambulance has no continued uncorrected patient care violations and is not subject to any malpractice actions.

Exhibit F

Statement of Current Ownership

Vicki Rockhill is the sole member of Northern Ambulance Corps., LLC

Vicki Rockhill is the only officer of Northern Ambulance Corps., LLC

Exhibit G

Statement of End Ownership



Monroe Medi-Trans, Inc. / Monroe Ambulance

1669 Lyell Avenue
Rochester, New York 14606
www.monroeambulance.com

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Admin Fax: (585) 454-5182

AMBULANCE / TRANSPORTATION

Quality. Compassion. Integrity.

END OWNERSHIP

Monroe Medi-Trans, Inc. d/b/a Monroe Ambulance, owned 50% by Thomas C. Coyle and 50% by Timothy S. Coyle will own substantially all the assets of Northern Ambulance upon closing. It is the intention of Monroe Medi-Trans, inc. d/b/a Monroe Ambulance to operate under a separate certificate and Agency Code the territory previously held by Northern Ambulance.

Exhibit H

List of Officers and Directors Post Transaction



AMBULANCE / TRANSPORTATION

Monroe Medi-Trans, Inc. / Monroe Ambulance

**1669 Lyell Avenue
Rochester, New York 14606
www.monroeambulance.com**

**Emergency: (585) 232-9000
Transportation: (585) 454-6211
Admin Fax: (585) 454-5182**

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List of Officers and Directors Post Transfer:

Thomas Coyle – President/Chief Executive Officer

Michael Witkowski – Chief Operating Officer

Matt Minisce – Chief Financial Officer

Christopher Dewey – Chief Information Officer

Timothy Coyle – Director of Purchasing

Exhibit I

Primary Operating Territory



CANADA

FRANKLIN COUNTY MAP

NEW YORK, USA

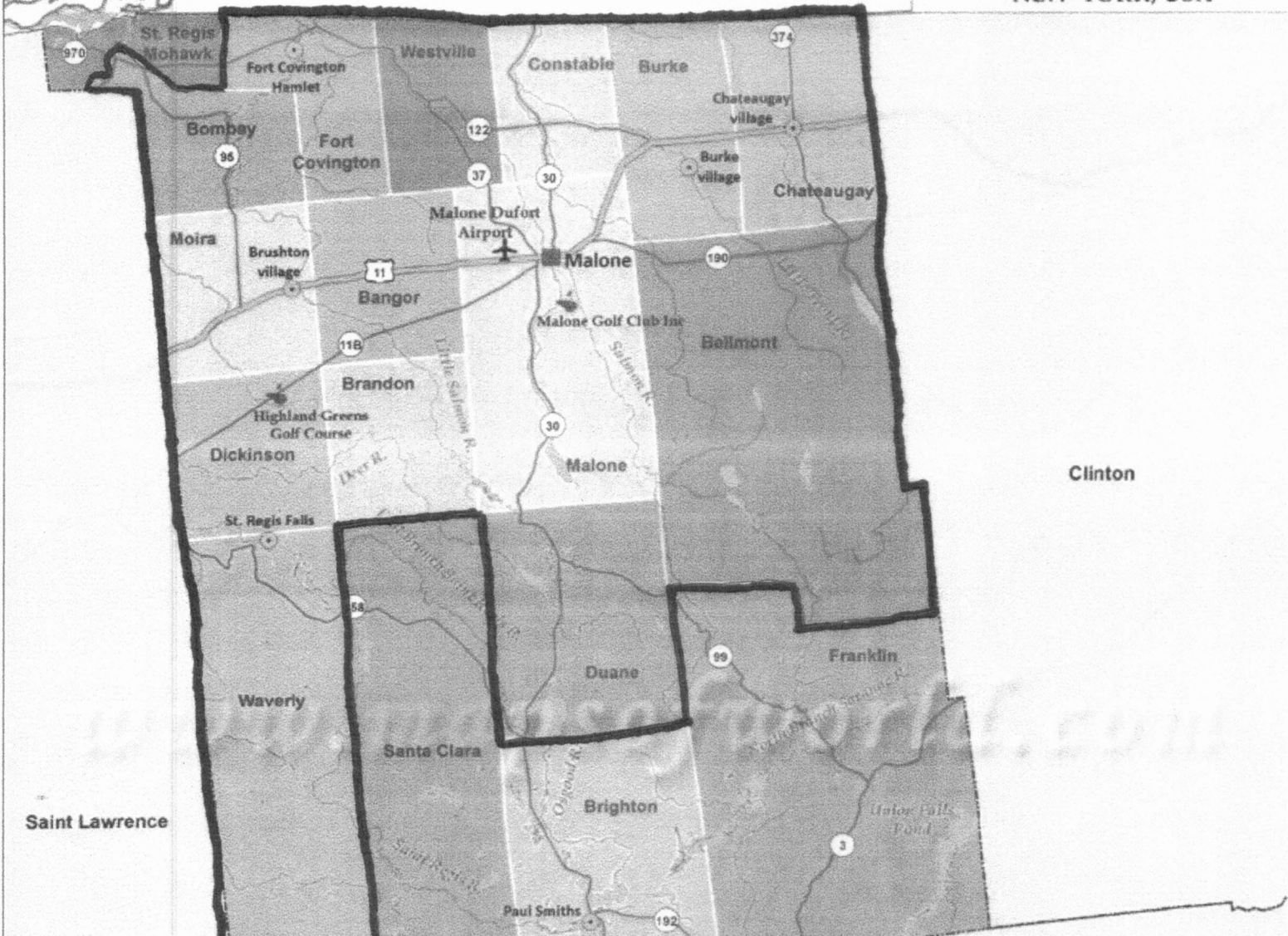


Exhibit J

NYS Department of Health Ambulance Certificate

(Recert Package sent to NYS DOH on 9/14/2024)

Issued: 9/22/2022

Expires: 11/30/2024

NEW YORK STATE DEPARTMENT OF HEALTH

Emergency Ambulance Service Certificate

Northern Ambulance Corps, LLC

DBA: Northern Ambulance



*Authorized as a New York State ambulance service in
accordance with the provisions of Article 30 of the
Public Health Law*

Winstable, Burke, Chateaugay, Bombay, Bellmont, Moira, Bangor, Malone,

Program

Wendy J. Bennett

Commissioner of Health

suspended, limited or annulled for violation of the Public Health Law

CERTIFICATE IS NOT TRANSFERABLE

Keep conspicuously posted

No. 37462

Webform submission from: EMS Agency Renewal Submission

From: Survey Builder (donotreply-sb@health.ny.gov)

To: northamb@verizon.net

Date: Saturday, September 14, 2024 at 09:37 PM EDT

Submitted on: Sat, 09/14/2024 - 21:24

Submitted by: Anonymous

Submission ID 815369

Submitted values are:

Submission Type

Agency Renewal

Name of Service

Northern Ambulance Corps, LLC

Agency Code

0734

Name of Contact Person

Vicki L. Rockhill

northamb@verizon.net

5184838659

Medical Director Information

Tiffany T. Bombard

tbombardmd@cvph.org

207 3187757

NYS DOH EMS Region

Capital (Central Office)

Please Select Your Program Agency

Mountain Lakes REIMSCO EMS Program Agency

Exhibit K

Certificates of Incorporation and Formation

Monroe Medi-Trans, Inc.

Northern Ambulance Corps, LLC

FILED

A222382

INFO

W /
9

175 APR 28 AM 11:42

CERTIFICATE OF INCORPORATION
OF

MONROE MEDI-TRANS, INC.

MONROE CO.
CLERK

Under Section 402 of the Business Corporation Law

The undersigned, for the purpose of forming a corporation under Section 402 of the Business Corporation Law, hereby certifies:

1. The name of the corporation shall be MONROE MEDI-TRANS, INC.

2. The purposes for which it is formed are:

(a) To engage in a general transportation business, including transportation of incapacitated persons by ambulance and other vehicles.

(b) To engage in any other commercial, mercantile, industrial, manufacturing, franchise or service business permitted by law.

4. The office of the Corporation is to be located in the City of Rochester, County of Monroe and State of New York.

5. The Secretary of State is hereby designated as the agent of the Corporation upon whom process in any action or proceeding against the Corporation may be served. The address to which the Secretary of State shall mail a copy of process in any action or proceeding against the Corporation which may be served upon him is Woods, Oviatt, Gilman, Sturman & Clarke, Attention: Glenn F. Litchfield, 44 Exchange Street, Suite 500, Rochester, New York 14614.

6. The subscriber is of the age of twenty-one (21) years or over.

IN WITNESS WHEREOF, the undersigned incorporator affirms that the statements made herein are true under the penalties of

Addresses or business locations:

102 Bay Street

No. and Street

Rochester

City

14605

Zip Code

New York

State

Monroe

County

No. and Street

City

State

Zip Code

County

No. and Street

City

State

Zip Code

County

No. and Street

City

State

Zip Code

County

No. and Street

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State

Zip Code

County

No. and Street

City

State

Zip Code

County

No. and Street

ARTICLES OF ORGANIZATION

OF

NORTHERN AMBULANCE CORPS, LLC

FILED BY:

Service Inc.

P.O. Box 871

ARTICLES OF ORGANIZATION

OF

NORTHERN AMBULANCE CORPS, LLC

Under Section 203 of the Limited Liability Company Law

THE UNDERSIGNED, being a natural person of at least eighteen (18) years of age and acting as the organizer of the limited liability company (the "company") hereby being formed under Section 203 of the Limited Liability Company Law of the State of New York certifies that:

FIRST: The name of the limited liability company is:

NORTHERN AMBULANCE CORPS, LLC

SECOND: The purpose of the limited liability company is:

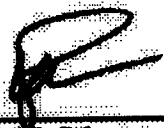
To engage in any lawful act or activity for which limited liability companies may be organized under the LLCL.

THIRD: The county within the State of New York in which the office of the limited liability company is to be located is Franklin.

FOURTH: The Secretary of State is designated as the agent of the Company upon whom process against the Company may be served. The post office address to which the Secretary of State shall mail a copy of any process served upon the Company is:

IN WITNESS WHEREOF, the undersigned has subscribed this certificate and hereby affirms the foregoing as true under the penalties of perjury.

Dated: December 18, 2007

A handwritten signature in black ink, appearing to read 'Scott J. Schuster', written over a horizontal line.

**Scott J. Schuster
Sole Organizer
283 Washington Avenue
Albany, NY 12206**

N. Y. S. DEPARTMENT OF STATE
DIVISION OF CORPORATIONS AND STATE RECORDS

ALBANY, NY 12231-0001

FILING RECEIPT

=====

ENTITY NAME: NORTHERN AMBULANCE CORPS, LLC

DOCUMENT TYPE: ARTICLES OF ORGANIZATION (DOM LLC)

COUNTY: FRAN

=====

FILED: 12/19/2007 DURATION: ***** CASH#: 071219000789 FILM #: 071219000714

FILER:

EXIST DATE

SERVICO INC.
P.O. BOX 871

12/19/2007

ALBANY, NY 12201

ADDRESS FOR PROCESS:

THE LLC
347 ELM STREET
MALONE, NY 12953

REGISTERED AGENT:



Exhibit L

Copy of Asset Purchase Agreement (if any)

***The asset purchase agreement is not finalized, for your consideration a copy of the Letter of Intent is included**



Monroe Medi-Trans, Inc. / Monroe Ambulance

1669 Lyell Avenue
Rochester, New York 14606
www.monroeambulance.com

Emergency: (585) 232-9000
Transportation: (585) 454-6211
Admin Fax: (585) 454-5182

AMBULANCE / TRANSPORTATION

Quality. Compassion. Integrity.

September 27, 2024

Vicki Rockhill, Sole Member
Northern Ambulance Corps., LLC
dba Northern Ambulance
347 Elm Street
Malone, NY 12963

Dear Vicki,

Monroe Medi-Trans, Inc. d/b/a Monroe Ambulance ("Offeror" or "Monroe"), is pleased to express its intention to acquire substantially all the business assets and the Ambulance Operating Certificate (as more fully described below, "Assets") of Northern Ambulance Corps., LLC d/b/a Northern Ambulance ("Offeree" or "Northern"). This Letter of Intent ("Letter") sets forth the proposed terms and conditions for Offeror's acquisition of Offeree's assets.

The terms and conditions proposed by Offeror for the acquisition of the Assets from Northern are as follows:

a. Assets to be acquired:

1. Ambulance Operating Certificate Agency Code 0734
2. 2020 Chevy Ambulance Vin # 1GBZGHCG2L1155355
3. 2022 Ford Ambulance Vin # 1FDWE3FNXNDC07331
4. All Medical Equipment, Supplies and Training Equipment
5. 2 - LifePak 15
6. 2 - LifePak 12

4. [REDACTED]

- c. **Timing:** Monroe, you and Northern will use reasonable efforts to complete and sign the Asset Purchase Agreement within 30 days of the execution of this LOI. Closing will occur upon receipt of all necessary regulatory approvals in connection with the transfer of Northern's authority to operate an ambulance company to Monroe, including without limitation, Northern's NYS Ambulance Operating Certificate.
- d. **Assignment:** Monroe may assign all agreements contemplated hereunder to an affiliate.
- e. **Reps and Warranties:** The Definite Agreements will include customary representations and warranties for transactions of this nature, including with respect to compliance with applicable Medicare/Medicaid payment regulations.
- f. **Closing Conditions:**
 - i. The Purchase Agreement will include closing conditions typical for transactions of this nature, including, without limitation, receipt of all necessary corporate consents and approvals from regulatory agencies with respect to the change of ownership of Company and requisite consents, if any, for the continuity of the Companies' contracts.
 - ii. Monroe shall have completed its due diligence investigation of the Companies, confirming that the business, assets, prospects, financial and legal condition of the Company are satisfactory in all respects to Monroe in its sole discretion.
 - iii. There shall not have occurred any event, fact, condition, change or effect that is or could be (in the sole discretion of Monroe) adverse to the business, operations, results of operations, condition (financial or otherwise), assets, prospects, or liabilities of the Companies.

- i. **Exclusivity:** In consideration for the time, effort, and expense that Monroe will expend to consummate the Transaction, Company and Seller hereby grant to Monroe for the 60-day period following the execution in full of this LOI (the "Exclusivity Period") the exclusive right to pursue the opportunity to enter the Transaction. During the Exclusivity Period, none of Seller, the Companies, nor any of their respective officers, directors, managers, employees, affiliates, agents, and representatives (as applicable), shall directly solicit offers from, negotiate with, or enter into any agreement with any third party, or in any manner encourage any proposal by any other person or entity relating to the acquisition of the Company or any assets of the Company outside of the ordinary course of business, in whole or in part, whether directly or indirectly, through purchase, merger, consolidation or otherwise.

- j. **Conduct of Business, No Disclosure:**
 - i. During the period from the date hereof until this LOI is terminated, Seller will cause the Company to, and the Company will, (i) conduct their business and operations only in the ordinary and normal course, consistent with past practice and in a commercially reasonable manner, and to refrain from any extraordinary transactions, and (ii) use their commercially reasonable efforts to preserve its business organization intact, retain the services of its present employees and preserve the present business relationships and goodwill of its customers, vendors and others having business relations with the Companies.
 - ii. Except to the extent required by law, without the prior written consent of the other parties hereto, neither Monroe, Seller, nor the Company will, and each will cause their representatives not to, make, directly or indirectly, any public comment, statement or communication (including, without limitation, to employees, customers or vendors of the Companies) with respect to, or otherwise to disclose or to permit the disclosure of the existence of discussions regarding, a possible transaction among the parties hereto or any of the terms, conditions or other aspects of the transaction

unless the term is extended by the parties., Sections J.i, ii, k and l and the Confidentiality Agreement which shall survive the termination of this LOI for a period of two years.

1. **Miscellaneous:** This LOI shall be governed by the substantive laws of the State of New York without regard to conflict of law principles. Each party hereby submits to the exclusive jurisdiction of the state and federal courts located in the State of New York. This LOI constitutes the entire understanding and agreement between the parties hereto and their affiliates with respect to its subject matter and supersedes all prior or contemporaneous agreements, representations, warranties and understandings of such parties (whether oral or written). No promise, inducement, representation or agreement other than as expressly set forth herein, has been made to or by the parties hereto. This LOI may be amended only by written agreement, signed by the parties to be bound by the amendment. Evidence shall be inadmissible to show agreement by and between such parties to any term or condition contrary to or in addition to the terms and conditions contained in this LOI. This LOI shall be construed according to its fair meaning and not strictly for or against either party.

Monroe looks forward to welcoming Northern into the Monroe family and to leverage Monroe's resources to grow the Companies' business. Should you have any questions, please do not hesitate to contact Michael Witkowski by phone at 518-888-2261 or by email at mwitkowski@monoreambulance.com . If the foregoing terms are acceptable to you, please so indicate by signing the enclosed copy of this letter and returning it to the attention of the undersigned.

Very truly yours,

MONROE MEDI-TRANS, INC. d/b/a MONROE AMBULANCE



Name: Thomas Coyle

Title: President / Chief Executive Officer

Exhibit M

Financial Forecast/Budget and Insurance

Northern Ambulance P&L Summary Pro-Forma for Fiscal Year '25

- analysis to be used for regulatory agency for potential asset purchase.

	FY '25 Projected
Revenue	1,211,056.09
Expenses:	
Salaries & Wages	691,991.72
Fringe Benefits	139,072.11
Auto Expense	51,932.47
Other Expenses	129,507.13
Operating Expense Subtotal	1,012,503
Net Income prior to Other Income/Expenses	198,553
Other Income	4800
Other Expense (includes Bad Debt \$23,687)	(25,568.27)
Net Income	177,784

Notes:

Exhibit N

List of Assets

Asset List

Ambulance Certificate

2020 Chevy Ambulance VIN# 1GBZGHCG2L1155355

2022 Ford Ambulance VIN# 1FDWE3FNXNDC07331

All Medical Equipment and Supplies

All Training Equipment and Supplies

LifePak 15's

LifePak 12's

All Furniture and Fixtures

All computer equipment, software, communications equipment and two-way radio equipment

Real Property and Improvements