

SIGN-IN SHEET
HEALTH AND SUPPORT SERVICES FOR PERSONS WITH HIV
SPECTRUM DISEASE (RYAN WHITE PART A)

REQUEST FOR PROPOSAL #Y19-180-SW

The Orange County Board of County Commissioners, Orange County, Florida invites interested parties to submit bids NO LATER THAN 2:00 P.M. (local time), **Tuesday, December 18, 2018**, for providing the above services.

Non-Mandatory Pre-Proposal Conference

COUNTY STAFF: Sherry Wooten Sherry.Wooten@ocfl.net *SW*

COUNTY STAFF: *Mauda.Yabrudy@ocfl.net*

COUNTY STAFF: *Yvette.Reyer@ocfl.net yr*

COUNTY STAFF: *Zulay Miller @ocfl.net*

COUNTY STAFF:

ATTENDANCE NAME: *Peter Passaro*

COMPANY NAME: *Tenosar*

ADDRESS *3259 Progress Dr Ste 142*

CITY/STATE/ZIP *Orlando, FL, 32826*

EMAIL ADDRESS *Peter Passaro @ Tenosar.com*

TELEPHONE *772-361-2983*

ATTENDANCE NAME: *Alfredo Valentin*

COMPANY NAME: *Turning Point of Central Florida, Inc.*

ADDRESS *2256 Winter Woods Blvd.*

CITY/STATE/ZIP *Winter Park, FL 32792*

EMAIL ADDRESS *avalentin@turningpointcf1.org*

TELEPHONE *407-866-4008 (cell) 407-740-5655 (office)*

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ATTENDANCE NAME: Nancy Ackerman
COMPANY NAME: Turning Point of Central Florida, Inc.
ADDRESS 2256 Winter Woods Blvd.
CITY/STATE/ZIP Winter Park, FL 32792
EMAIL ADDRESS nackerman@turningpointofcfla.org
TELEPHONE 407-740-5655

ATTENDANCE NAME: Ida M. Starks
COMPANY NAME: Florida Department of Health- Lake
ADDRESS 16140 US 441
CITY/STATE/ZIP Eustis, FL
EMAIL ADDRESS ida.starks@flhealth.gov
TELEPHONE 352-483-7980

ATTENDANCE NAME: Artur Oktanyan
COMPANY NAME: AIDS Healthcare Foundation
ADDRESS 6255 W Sunset Blvd
CITY/STATE/ZIP Los Angeles CA 90027
EMAIL ADDRESS artur.oktanyan@aidshealth.org
TELEPHONE (323) 860-5364

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ATTENDANCE NAME: Randi Burger

COMPANY NAME: Aids Healthcare Foundation (So. Bureau)

ADDRESS 100 S.E. 3rd Ave

CITY/STATE/ZIP Ft. Lauderdale, FL 33316

EMAIL ADDRESS randi.burger@aidshhealth.org

TELEPHONE 954-522-3132

ATTENDANCE NAME: Karen Wint & Dr Marie Jose Francois

COMPANY NAME: CMWP

ADDRESS 641 N. Rio Grande Ave

CITY/STATE/ZIP Orlando, FL 32805

EMAIL ADDRESS kwint@cmwp.org

TELEPHONE 4076489440

ATTENDANCE NAME: Sandy Frazier

COMPANY NAME: DOH - Orange

ADDRESS 6101 Lake Ellenor Drive

CITY/STATE/ZIP Orlando FL 32809

EMAIL ADDRESS sandra.frazier@flhealth.gov

TELEPHONE (407) 592-8138

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ATTENDANCE NAME: Mary Jane Grant
COMPANY NAME: Aspire Health Partners, Inc.
ADDRESS 5151 Adanson St. Suite 99
CITY/STATE/ZIP Orlando, FL 32804
EMAIL ADDRESS MaryJane.Grant@aspirehp.org
TELEPHONE 407-875-3700 ext. 2831

ATTENDANCE NAME: _____
COMPANY NAME: _____
ADDRESS _____
CITY/STATE/ZIP _____
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