

Application Detail

License Type: **Home Medical Equipment: Licensed**
Application: **Home Medical Equipment: Initial Application**
Application Date: **03/09/2026 (mm/dd/yyyy)**

Organization Detail

Organization Name: **Wellstart Medical, LLC**
Organization Type: **Limited Liability Company**

Addresses**Main Address**

Address: **9156 S US Highway 1**
ST. LUCIE
Port St Lucie, FL
34952
US

Phone Number: **800-978-7599**

Extension:

E-mail Address: **credentialing@wellstart.com**

Administrative

Name: **Wellstart Medical, LLC**

Address: **9156 S US Highway 1**
ST. LUCIE
Port St Lucie, FL
34952
US

Phone Number: **800-978-7599**

Extension:

E-mail Address: **credentialing@wellstart.com**

Emergency Contact

Name: **Wellstart Medical, LLC**

Address: **9156 S US Highway 1**

ST. LUCIE

Port St Lucie, FL

34952

US

Phone Number: **800-978-7599**

Extension:

E-mail Address: **credentialing@wellstart.com**

Ownership of Building

Name: **BRE Throne Eastport Plaza, LLC**

Address: **450 Lexington Ave**

Floor 13

NEW YORK

New York, NY

10017

US

Phone Number: **610-834-7784**

Extension:

E-mail Address: **melissa.browne@wellstart.com**

Legal Entity

Name: **Wellstart Medical, LLC**

Address: **9156 S US Highway 1**

ST. LUCIE

Port St Lucie, FL

34952

US

PHONE NUMBER:

000-978-7333

Extension:

E-mail Address:

credentialing@wellstart.com

License Attributes Selected

Qualification/Certification

All Counties

Additional License Information

For Profit

out of State Florida

Basic License Data

If your facility has branch offices provide the number. If none, enter 00

00

Provide Administrator's Name:

Ryan Flannery

Provide the Ownership's Name:

Wellstart Medical, LLC

Is your facility accredited by a federally approved accrediting body?

Yes

If answered yes accredited, must provide expiration date of accreditation.

05/09/2028 (mm/dd/yyyy)

What type of Home Care Organization:
Hospital Based or Nursing Home Based or
Free Standing?

Free Standing

Provide a Yes or No, if your facility is Chain
Affiliated:

No

Provide a Yes or No, if your facility has a
Holding Company:

No

Do you have Other Licensed Facilities in the
state of Tennessee and/or other states?

No

Provide a Yes or No, if your facility has a
parent company:

No

Do you have a contract with a management
firm to operate this facility?

No

Have any owners ever been denied a
license, had a license suspended or revoke,
had a suspension of admissions or paid any
civil monitory penalties for a health care
facility in Tennessee or in any other state?

No

Does your facility have a physical location in

No

Administrator Conviction InformationAdministrator convicted of crime?: **No****Individual Owners, Partners, Director or Head of Government Entity 1**The name of the individual owner, partner, director of the corporation or head of the government: **Ryan Flannery**Street: **111 N Sewalls Point Rd**City: **Stuart**State: **Florida**Zip: **34996****Individual Owners, Partners, Director or Head of Government Entity 2**The name of the individual owner, partner, director of the corporation or head of the government: **Brandon Beck**Street: **377 W 1st Street, Unit 9**City: **Boston**State: **Massachusetts**Zip: **02127****Owner Discipline Information**Have any of the owners of the disclosing entity ever been denied a license suspended or revoked?: **No**Have any of owners of the disclosing entity had a suspension of admissions?: **No**Have any of the owners of the disclosing entity paid any civil monetary penalties for a health care facility in Tennessee or any other state?: **No****File Attachments**

VGM Surety Bond_Wellstart Medical.pdf

FeesInitial License Fee **\$1404.00**Total Amount Due: **\$1404.00**

Attestation

I, being duly sworn and identified as the person referred to in this application attest to the truth of each statement made in said application. I further swear that I have read and understand the law and the Rules and Regulations regarding the practice of my profession, which are posted on the Board's Internet site and/or were provided to me by the Board office, and agree to abide by them in the practice as a Home Medical Equipment facility in the State of Tennessee. I HEREBY: SIGNIFY my willingness to appear to answer such questions as the Board may find necessary, which may include a full Board interview. RELEASE to the Board, its staff, and their representatives, any and all documentation necessary now and in the future to establish my physical and mental capabilities to safely practice as a Home Medical Equipment facility. AUTHORIZE the Board, its staff, and their representatives to consult with my prior and current associates and others who may have information bearing on my professional competence, character, health status, ethical qualifications, ability to work cooperatively with others, and other qualifications. RELEASE from liability the Board, its staff, and all their representatives and any and all organizations which provide information for their acts performed and statements made in good faith and without malice concerning my competence, ethics, character, and/or other qualifications, for certification. ACKNOWLEDGE that I, as an applicant for licensure, have the burden of producing adequate information for a proper evaluation of my professional, ethical, and other qualifications, and for resolving any doubts about such qualifications. AUTHORIZE release, use and disclosure of otherwise HIPAA protected health information to the limited extent necessary for my application to receive full consideration up to and including discussion in a public forum should that become necessary. This certifies that the information submitted by me in this application is true and complete to the best of my knowledge and belief.



State of Tennessee
Health Facilities Commission
Andrew Jackson State Building
502 Deaderick Street, 9th Floor, Nashville, TN 37243
www.tn.gov/hfc Phone: 615-741-7221

April 27, 2026

Sent Via Email

Ryan Flannery
Wellstart Medical, LLC
9156 S US Highway 1
Port St Lucie, Florida 34952

Facility Type: Home Medical Equipment

Dear Ryan Flannery:

It is my pleasure to inform you that your application for licensure of Wellstart Medical, LLC located at 9156 S US Highway 1, Port St Lucie, Florida 34952 has been initially approved for providing Out of State DME/HME services in all counties of Tennessee effective April 27, 2026 . The license number shall be 1565 . For this initial approval to become final and permanent, your application must be ratified by the Commission pursuant to T.C.A. §68-11-206. The Commission will consider your application at its next meeting, scheduled for May 27, 2026. **You are hereby authorized to commence operation pending the final decision of the Commission.**

For certification purposes, please be advised it is your responsibility to contact your Health Facilities Commission regional office for participation in Medicare/Medicaid. The East Tennessee Regional Office phone number is 865-594-9396 .

If the Commission **does** ratify the approval of your application, the license number listed above will become your permanent license number and a letter will be forwarded to you within three (3) business days; notifying you of the Commission's final decision.

If the Commission **does not** ratify the initial approval of your application, a letter will be forwarded to you providing an explanation and specific instructions as to any action(s) you may take to have the decision reviewed, at which time this authorization shall cease to be effective.

Please contact me if I can be of further assistance.

Sincerely,

Niraj Soni

Niraj Soni, ASA 3
Phone: (615) 741-7539
Fax: (615) 253-8798
Email: Niraj.Soni@tn.gov

CERTIFICATE of ACCREDITATION

ACCREDITATION COMMISSION FOR HEALTH CARE CERTIFIES THAT

Wellstart Medical, LLC

PORT ST. LUCIE, FLORIDA

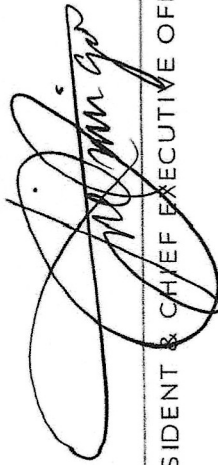
HAS DEMONSTRATED A COMMITMENT TO PROVIDING QUALITY CARE AND SERVICES TO CONSUMERS THROUGH COMPLIANCE WITH ACHC'S NATIONALLY RECOGNIZED STANDARDS FOR ACCREDITATION AND IS THEREFORE GRANTED ACCREDITATION FOR THE FOLLOWING:

DMEPOS

Medical Supply Provider Services

Accreditation #76830

FROM *May 10, 2025*, THROUGH *May 9, 2028*



PRESIDENT & CHIEF EXECUTIVE OFFICER



CHAIR OF THE BOARD OF COMMISSIONERS

