



## TAVORIS A ALLEN

License Number: PMD509635

Data As Of 12/13/2025

Profession Paramedic  
License PMD509635  
License Status Involuntary/Inactive  
License Expiration Date 12/1/2022  
License Original Issue Date 04/13/2005  
Address of Record \*\*\*\*\* \*\* CONFIDENTIAL \*\*\*\*\*  
\*\*\* CONFIDENTIAL \*\*\*\*\*  
\*\*\* CONFIDENTIAL \*\*\*\*\*  
\*\*\* CONFIDENTIAL \*\* \*\* \*\*\*\*\*  
Discipline on File Yes  
Public Complaint Yes

## Secondary Locations

No secondary locations found.

## Discipline/Admin Action

### Emergency Actions

No Emergency Actions Found

### Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
ALLEN, TAVORIS A	509635	PARAMEDIC	**** CONFIDENTIAL **	**	201828894	OBLIGATIONS IMPOSED

### Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
ALLEN, TAVORIS A	509635	PARAMEDIC	**** CONFIDENTIAL **	**	201828894	AC FILED
ALLEN, TAVORIS A	509635	PARAMEDIC	**** CONFIDENTIAL **	**	202446771	AC FILED

If a link does not appear for the case number, we do not have a scanned copy of the final order available in our database. To obtain a paper copy, please contact Public Records by clicking the link below:

[Discipline Public Records Request](#)

You may also contact Public Records by telephone at (850) 245-4252, option 4 or by written correspondence at:  
Division of Medical Quality Assurance  
Public Records  
4052 Bald Cypress Way, Bin C01  
Tallahassee, FL 32399-3251

Please include the following:

1. Full name and license number of the practitioner;
2. Name and address where documents are to be sent; and
3. If you require certification of the documents, a \$25 fee will be charged, in addition to the duplicating charges. Certification of the requested records will not be done unless specifically requested. An invoice will be sent to you and payment will be expected within thirty days. Upon receipt of payment, material will be sent to you.

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of

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