



## City of Seminole

### License Number: ALS5228

Data As Of 4/20/2026

Profession	EMS Service Provider (ALS)
License	ALS5228
License Status	Clear/
Qualifications	Non - Transport
License Expiration Date	12/8/2026
License Original Issue Date	12/09/1996
Address of Record	9199 113th Street North SEMINOLE, FL 33772
Discipline on File	No

### Secondary Locations

#### Address

8971 Starkey Road  
SEMINOLE, FL 33772

#### Address

13091 88th Avenue North  
SEMINOLE, FL 33772

#### Address

10780 110th Avenue North  
LARGO, FL 34648

#### Address

10750 Ulmerton Road 911 Public Safety Center Building #1  
LARGO, FL 33778

#### Address

11195 70th Avenue North  
SEMINOLE, FL 33772

### Discipline/Admin Action

#### Emergency Actions

No Emergency Actions Found

#### Discipline Cases

No Discipline Found

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.

## Supervising Practitioners

Name	Relationship	Profession	License	Effective Date
JAMESON, ANGUS MACINTOSH	PRIMARY MEDICAL DIRECTOR	MEDICAL DOCTOR	114475	01/14/2014

Click on the License Number to view License Details for that Practitioner

## Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
1FDUF4HN6SDA03824	PERMIT	VEHICLE PERMIT (ALS)	27529	10/22/2025
1GNLC2EC9FR630422	PERMIT	VEHICLE PERMIT (ALS)	26105	7/1/2024
4P1BAAGF7RA026437	PERMIT	VEHICLE PERMIT (ALS)	26546	12/3/2024
54F2AA605JWM12144	PERMIT	VEHICLE PERMIT (ALS)	21838	10/23/2018
54F2AB711KWM12463	PERMIT	VEHICLE PERMIT (ALS)	22847	3/10/2020
54F2FB712LWM12880	PERMIT	VEHICLE PERMIT (ALS)	23859	7/29/2021
54F2FBCT1PWM13516	PERMIT	VEHICLE PERMIT (ALS)	25714	1/3/2024

Click on the License Number to view License Details for that Practitioner

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.

## Secondary Locations

### Address

8971 Starkey Road  
SEMINOLE, FL 33772

### Address

13091 88th Avenue North  
SEMINOLE, FL 33772

### Address

10780 110th Avenue North  
LARGO, FL 34648

### Address

10750 Ulmerton Road 911 Public Safety Center Building #1  
LARGO, FL 33778

### Address

11195 70th Avenue North  
SEMINOLE, FL 33772

## Discipline/Admin Action

### Emergency Actions

No Emergency Actions Found

### Discipline Cases

No Discipline Found

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.

## Supervising Practitioners

Name	Relationship	Profession	License	Effective Date
JAMESON, ANGUS MACINTOSH	PRIMARY MEDICAL DIRECTOR	MEDICAL DOCTOR	114475	01/14/2014

Click on the License Number to view License Details for that Practitioner

## Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
1FDUF4HN6SDA03824	PERMIT	VEHICLE PERMIT (ALS)	27529	10/22/2025
1GNLC2EC9FR630422	PERMIT	VEHICLE PERMIT (ALS)	26105	7/1/2024
4P1BAAGF7RA026437	PERMIT	VEHICLE PERMIT (ALS)	26546	12/3/2024
54F2AA605JWM12144	PERMIT	VEHICLE PERMIT (ALS)	21838	10/23/2018
54F2AB711KWM12463	PERMIT	VEHICLE PERMIT (ALS)	22847	3/10/2020
54F2FB712LWM12880	PERMIT	VEHICLE PERMIT (ALS)	23859	7/29/2021
54F2FBCT1PWM13516	PERMIT	VEHICLE PERMIT (ALS)	25714	1/3/2024

Click on the License Number to view License Details for that Practitioner

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.