



Iona McGregor Fire District

License Number: ALS3610

Data As Of 4/26/2026

Profession	EMS Service Provider (ALS)
License	ALS3610
License Status	Clear/
Qualifications	Non - Transport
License Expiration Date	9/25/2026
License Original Issue Date	09/26/2008
Address of Record	15660 Pine Ridge Road FORT MYERS, FL 33919
Discipline on File	Yes

Secondary Locations

Address

16551 McGregor Blvd
FORT MYERS, FL 33908

Address

15961 Winkler Rd
FORT MYERS, FL 33908

Address

5401 Winkler Rd
FORT MYERS, FL 33919

Address

6061 S. Pointe Blvd. HQ
FT MYERS, FL 33919

Address

15660 Pine Ridge Rd
FORT MYERS, FL 33919

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
IONA MCGREGOR FIRE DISTRICT	3610	ALS - EMS	FORT MYERS	FL	201214430	FINE

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
ABO, BENJAMIN N	PRIMARY MEDICAL DIRECTOR	OSTEOPATHIC PHYSICIAN	13845	10/03/2022

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

Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
1FD8W3F67NEE44111	PERMIT	VEHICLE PERMIT (ALS)	25239	7/28/2023
1FD8W3F69NEE44112	PERMIT	VEHICLE PERMIT (ALS)	25240	7/28/2023
1FD8W3F69NEE44113	PERMIT	VEHICLE PERMIT (ALS)	25238	7/28/2023
1S9A1BND0M1003044	PERMIT	VEHICLE PERMIT (ALS)	23961	9/21/2021
1S9A1BND1J1003159	PERMIT	VEHICLE PERMIT (ALS)	22420	8/7/2019
1S9A1BND5S3003168	PERMIT	VEHICLE PERMIT (ALS)	27761	2/3/2026
1S9A1BND6M1003081	PERMIT	VEHICLE PERMIT (ALS)	24025	10/22/2021
1S9A3JNE3K1003131	PERMIT	VEHICLE PERMIT (ALS)	22871	3/25/2020

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

16551 McGregor Blvd
FORT MYERS, FL 33908

Address

15961 Winkler Rd
FORT MYERS, FL 33908

Address

5401 Winkler Rd
FORT MYERS, FL 33919

Address

6061 S. Pointe Blvd. HQ
FT MYERS, FL 33919

Address

15660 Pine Ridge Rd
FORT MYERS, FL 33919

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
IONA MCGREGOR FIRE DISTRICT	3610	ALS - EMS	FORT MYERS	FL	201214430	FINE

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
ABO, BENJAMIN N	PRIMARY MEDICAL DIRECTOR	OSTEOPATHIC PHYSICIAN	13845	10/03/2022

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

Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
1FD8W3F67NEE44111	PERMIT	VEHICLE PERMIT (ALS)	25239	7/28/2023
1FD8W3F69NEE44112	PERMIT	VEHICLE PERMIT (ALS)	25240	7/28/2023
1FD8W3F69NEE44113	PERMIT	VEHICLE PERMIT (ALS)	25238	7/28/2023
1S9A1BND0M1003044	PERMIT	VEHICLE PERMIT (ALS)	23961	9/21/2021
1S9A1BND1J1003159	PERMIT	VEHICLE PERMIT (ALS)	22420	8/7/2019
1S9A1BND5S3003168	PERMIT	VEHICLE PERMIT (ALS)	27761	2/3/2026
1S9A1BND6M1003081	PERMIT	VEHICLE PERMIT (ALS)	24025	10/22/2021
1S9A3JNE3K1003131	PERMIT	VEHICLE PERMIT (ALS)	22871	3/25/2020

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.