## **CCAFS EMS System**

### License Number: ALS519

Data As Of 12/14/2025

Profession EMS Service Provider (ALS)

License ALS519
License Status Clear/
Qualifications Transport
License Expiration Date 9/30/2026

License Original Issue

Date

10/01/2008

Address of Record 14650 Mercury Gemini Road

MERRITT ISLAND, FL 32925

Discipline on File 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 |
|------------------|---------|------------|----------------|-------|-----------|--------------|
| CCAFS EMS SYSTEM | 519     | ALS - EMS  | MERRITT ISLAND | FL    | 201214651 | 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 |
|------------------------|---------------------------|-----------------------|---------|----------------|
| WILLIAMS, DAVID THOMAS | PRIMIARY MEDICAL DIRECTOR | OSTEOPATHIC PHYSICIAN | 6588    | 08/20/2009     |

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

#### **Subordinate Practitioners**

| Name              | Relationship | Profession           | License | Effective Date |
|-------------------|--------------|----------------------|---------|----------------|
| 1FDWE3FS4GDC57358 | PERMIT       | VEHICLE PERMIT (ALS) | 26361   | 9/11/2024      |

| Name              | Relationship | Profession           | License | Effective Date |
|-------------------|--------------|----------------------|---------|----------------|
| 1GB3GRC78P1106291 | PERMIT       | VEHICLE PERMIT (ALS) | 25928   | 4/9/2024       |

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.