



CAPE CORAL FIRE DEPARTMENT

License Number: ALS3611

Data As Of 11/22/2024

Profession	EMS Service Provider (ALS)
License	ALS3611
License Status	CLEAR/
Qualifications	Non - Transport
License Expiration Date	7/31/2025
License Original Issue Date	08/01/2011
Address of Record	1115 SE 9th Avenue CAPE CORAL, FL 33990
Discipline on File	No

Secondary Locations

Address

***** ** CONFIDENTIAL *** ** CONFIDENTIAL *** ** CONFIDENTIAL ***
*** CONFIDENTIAL ** , ** *****

Address

***** ** CONFIDENTIAL *** ** CONFIDENTIAL *** ** CONFIDENTIAL ***
*** CONFIDENTIAL ** , ** *****

Address

1038 Burnt Store Road North
CAPE CORAL, FL 33993

Address

2007 Santa Barbara Blvd
CAPE CORAL, FL 33914

Address

707 SW 1st Street
CAPE CORAL, FL 33991

Address

4107 Pelican Blvd.
CAPE CORAL, FL 33914

Address

***** ** CONFIDENTIAL *** ** CONFIDENTIAL *** ** CONFIDENTIAL ***
*** CONFIDENTIAL ** , ** *****

Address

4540 Chiquita Blvd.
CAPE CORAL, FL 33914

Address

***** ** CONFIDENTIAL *** ** CONFIDENTIAL *** ** CONFIDENTIAL ***
*** CONFIDENTIAL ** , ** *****

Address

1029 Diplomat Pkwy
CAPE CORAL, FL 33909

Address

521 Nicholas Pkwy
CAPE CORAL, FL 33990

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.

Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
1S9A1BND9F1003126	PERMIT	VEHICLE PERMIT (ALS)	19649	12/15/2015
1S9A1HND0G1003021	PERMIT	VEHICLE PERMIT (ALS)	21839	10/25/2018
1S9A1HND1G1003089	PERMIT	VEHICLE PERMIT (ALS)	20153	10/27/2016
1S9A1HND4F1003148	PERMIT	VEHICLE PERMIT (ALS)	22912	4/21/2020
1S9A1HND4M1003003	PERMIT	VEHICLE PERMIT (ALS)	25918	4/8/2024
1S9A1HND6H1003140	PERMIT	VEHICLE PERMIT (ALS)	21840	10/25/2018
1S9A1HND6M1003004	PERMIT	VEHICLE PERMIT (ALS)	23634	4/14/2021
1S9A1HNDXM1003104	PERMIT	VEHICLE PERMIT (ALS)	24192	2/10/2022
1S9A3JNE0L2003132	PERMIT	VEHICLE PERMIT (ALS)	23250	10/28/2020
1S9A3JNE1K1003094	PERMIT	VEHICLE PERMIT (ALS)	23574	3/11/2021
1S9A3JNE6M2003170	PERMIT	VEHICLE PERMIT (ALS)	24261	3/28/2022
1S9A3JNE8P2003093	PERMIT	VEHICLE PERMIT (ALS)	25268	8/17/2023
1S9A3LLE2G2003010	PERMIT	VEHICLE PERMIT (ALS)	22433	8/26/2019
IS9A1HNDXG1003088	PERMIT	VEHICLE PERMIT (ALS)	20152	10/27/2016

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

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