

RAYMOND JOHN WIEGAND

License Number: PMD518435

Data As Of 9/20/2026

Profession	Paramedic
License	PMD518435
License Status	Emerg Suspens/
License Expiration Date	12/1/2026
License Original Issue Date	01/13/2010
Address of Record	***** *** CONFIDENTIAL ***** *** CONFIDENTIAL ***** *** CONFIDENTIAL ***** *** CONFIDENTIAL *** ** *****
Discipline on File	Yes
Public Complaint	Yes
Alerts	ENFORCEMENT ALERT 8/20/2026 5:22:59 PM 8.20.2026 - Received Order of Emergency Suspension of Certificates.

Secondary Locations

No secondary locations found.

Discipline/Admin Action

Emergency Actions

Name	License	Profession	City	County	State	Case #	Action Taken	Action Date
WIEGAND, RAYMOND	518435	PARAMEDIC	*** CONFIDENTIAL ***	MANATEE	**	202648815	ESO ISSUED	08/20/2026

Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
WIEGAND, RAYMOND JOHN	518435	PARAMEDIC	**** CONFIDENTIAL **	**	201300666	OBLIGATION(S) SATISFIED

Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
WIEGAND, RAYMOND JOHN	518435	PARAMEDIC	**** CONFIDENTIAL **	**	201300666	AC FILED
WIEGAND, RAYMOND JOHN	518435	PARAMEDIC	**** CONFIDENTIAL **	**	202648815	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 Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.

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