



Palm Coast Fire Rescue Department, City of

License Number: ALS1802

Data As Of 4/20/2026

Profession	EMS Service Provider (ALS)
License	ALS1802
License Status	Clear/
Qualifications	Non - Transport
License Expiration Date	5/31/2026
License Original Issue Date	06/01/2004
Address of Record	1250 Belle Terre Parkway PALM COAST, FL 32164
Discipline on File	Yes

Secondary Locations

[Address](#)

1505 Palm Harbor Parkway
PALM COAST, FL 32137

[Address](#)

5750 Belle Terre Parkway
PALM COAST, FL 32137

[Address](#)

130 Airport Road
PALM COAST, FL 32164

[Address](#)

307 Palm Coast Parkway
PALM COAST, FL 32137

[Address](#)

9 Corporate Drive
PALM COAST, FL 32164

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
PALM COAST FIRE RESCUE DEPARTMENT, CITY OF	1802	ALS - EMS	PALM COAST	FL	201208436	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
MCCABE KLINE, KRISTIN BOND	PRIMARY MEDICAL DIRECTOR	MEDICAL DOCTOR	98422	08/15/2014

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

Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
1FVAG3CY7HHX7346	PERMIT	VEHICLE PERMIT (ALS)	25248	8/2/2023
4EN6AAA87PI005069	PERMIT	VEHICLE PERMIT (ALS)	25004	3/30/2023
4EN6AAA89R1005853	PERMIT	VEHICLE PERMIT (ALS)	25846	2/28/2024
4EN6AAA89R1005875	PERMIT	VEHICLE PERMIT (ALS)	25847	2/28/2024
4EN6AAA8XK1002241	PERMIT	VEHICLE PERMIT (ALS)	22350	7/15/2019
4ENLABA82M1002505	PERMIT	VEHICLE PERMIT (ALS)	23605	3/29/2021
4P1BAAFF5MA023479	PERMIT	VEHICLE PERMIT (ALS)	24098	11/23/2021
54F2BB500EWM10814	PERMIT	VEHICLE PERMIT (ALS)	19062	5/5/2015

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

1505 Palm Harbor Parkway
PALM COAST, FL 32137

Address

5750 Belle Terre Parkway
PALM COAST, FL 32137

Address

130 Airport Road
PALM COAST, FL 32164

Address

307 Palm Coast Parkway
PALM COAST, FL 32137

Address

9 Corporate Drive
PALM COAST, FL 32164

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
PALM COAST FIRE RESCUE DEPARTMENT, CITY OF	1802	ALS - EMS	PALM COAST	FL	201208436	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
MCCABE KLINE, KRISTIN BOND	PRIMARY MEDICAL DIRECTOR	MEDICAL DOCTOR	98422	08/15/2014

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

Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
1FVAG3CY7HHHX7346	PERMIT	VEHICLE PERMIT (ALS)	25248	8/2/2023
4EN6AAA87PI005069	PERMIT	VEHICLE PERMIT (ALS)	25004	3/30/2023
4EN6AAA89R1005853	PERMIT	VEHICLE PERMIT (ALS)	25846	2/28/2024
4EN6AAA89R1005875	PERMIT	VEHICLE PERMIT (ALS)	25847	2/28/2024
4EN6AAA8XK1002241	PERMIT	VEHICLE PERMIT (ALS)	22350	7/15/2019
4ENLABA82M1002505	PERMIT	VEHICLE PERMIT (ALS)	23605	3/29/2021
4P1BAAFF5MA023479	PERMIT	VEHICLE PERMIT (ALS)	24098	11/23/2021
54F2BB500EWM10814	PERMIT	VEHICLE PERMIT (ALS)	19062	5/5/2015

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.