Florida HEALTH Department of Health

Med-Trans Corporation DBA Shandscair

License Number: AIR7010

Data As Of 10/31/2026

Profession	EMS Service Provder Air
License	AIR7010
License Status	Clear/
Qualifications	Interfacility Pre-Hospital
License Expiration Date	2/8/2028
License Original Issue Date	02/09/2012
Address of Record	2101 SW 16th Avenue GAINESVILLE, FL 32608
Discipline on File	No

Secondary Locations

Address

305 N. Center Street

PIERSON, FL 32180

Address

1451 El Camino Real

THE VILLAGES, FL 32159

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.

Supervising Practitioners

Name	Relationship	Profession	License	Effective Date
POMPA, JOSEPH CHRISTOPHER	PRIMIARY MEDICAL DIRECTOR	OSTEOPATHIC PHYSICIAN	16572	07/13/2026

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

Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
N513MT	PERMIT	VEHICLE PERMIT (AIRCRAFT)	1913	8/30/2018
N706MT	PERMIT	VEHICLE PERMIT (AIRCRAFT)	1910	6/14/2018

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

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