Med-Trans Corporation DBA Medstar Air Care

License Number: AIR9502

Data As Of 11/21/2025

Profession EMS Service Provder Air

License AIR9502 License Status Clear/

Qualifications Interfacility Pre-Hospital

License Expiration Date 3/15/2027

License Original Issue

03/16/2017

Date

Address of Record 1700 North Alston Street

FOLEY, AL 36535

Discipline on File No.

Secondary Locations

Address

411 Medical Park Drive aircraftN527MT-spare

ATMORE, AL

Address

5800 Aviation Drive MILTON, FL 32583

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
BEAZLEY, WILLIAM WALTON DO	PRIMIARY MEDICAL DIRECTOR	OSTEOPATHIC PHYSICIAN	9930	02/20/2017

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

Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
N527MT	PERMIT	VEHICLE PERMIT (AIRCRAFT)	1937	7/17/2019
N914UF	PERMIT	VEHICLE PERMIT (AIRCRAFT)	1863	3/16/2017

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

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