Florida HEALTH Department of Health

Pinellas Suncoast Fire & Rescue District

License Number: ALS5208

Data As Of 11/8/2026

Profession	EMS Service Provider (ALS)
License	ALS5208
License Status	Clear/
Qualifications	Non - Transport
License Expiration Date	2/27/2027
License Original Issue Date	02/28/1993
Address of Record	304 First Street INDIAN ROCKS BEACH, FL 33785
Discipline on File	No

Secondary Locations

Address
13501 94th Avenue
SEMINOLE, FL 33776

Address
19417 Gulf Boulevard Unit E-204
INDIAN SHORES, FL 33785

Address
2405 First Street
INDIAN ROCKS BEACH, FL 33785

Address
304 First Street
INDIAN ROCKS BEACH, FL 33785

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
JAMESON, ANGUS MACINTOSH	PRIMIARY MEDICAL DIRECTOR	MEDICAL DOCTOR	114475	01/14/2014

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

Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
1HTKHPVK0NH765032	PERMIT	VEHICLE PERMIT (ALS)	27220	7/24/2025
4P1BAAFF6MA023698	PERMIT	VEHICLE PERMIT (ALS)	24677	10/19/2022
4P1BAAFF7RA026634	PERMIT	VEHICLE PERMIT (ALS)	26777	2/5/2025
4P1BCAGF9JA09293	PERMIT	VEHICLE PERMIT (ALS)	22027	1/30/2019
4P1CA01A9AA010739	PERMIT	VEHICLE PERMIT (ALS)	16106	6/9/2010
4P1CT02A12A002015	PERMIT	VEHICLE PERMIT (ALS)	11360	6/10/2002
4P1CV01ESAA010888	PERMIT	VEHICLE PERMIT (ALS)	24678	10/19/2022

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
13501 94th Avenue
SEMINOLE, FL 33776

Address
19417 Gulf Boulevard Unit E-204
INDIAN SHORES, FL 33785

Address
2405 First Street
INDIAN ROCKS BEACH, FL 33785

Address
304 First Street
INDIAN ROCKS BEACH, FL 33785

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
JAMESON, ANGUS MACINTOSH	PRIMIARY MEDICAL DIRECTOR	MEDICAL DOCTOR	114475	01/14/2014

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

Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
1HTKHPVK0NH765032	PERMIT	VEHICLE PERMIT (ALS)	27220	7/24/2025
4P1BAAFF6MA023698	PERMIT	VEHICLE PERMIT (ALS)	24677	10/19/2022
4P1BAAFF7RA026634	PERMIT	VEHICLE PERMIT (ALS)	26777	2/5/2025
4P1BCAGF9JA09293	PERMIT	VEHICLE PERMIT (ALS)	22027	1/30/2019
4P1CA01A9AA010739	PERMIT	VEHICLE PERMIT (ALS)	16106	6/9/2010
4P1CT02A12A002015	PERMIT	VEHICLE PERMIT (ALS)	11360	6/10/2002
4P1CV01ESAA010888	PERMIT	VEHICLE PERMIT (ALS)	24678	10/19/2022

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.