



Lealman Special Fire Control District

License Number: ALS5211

Data As Of 4/20/2026

| | |
|-----------------------------|--|
| Profession | EMS Service Provider (ALS) |
| License | ALS5211 |
| License Status | Clear/ |
| Qualifications | Non - Transport |
| License Expiration Date | 8/25/2027 |
| License Original Issue Date | 08/23/1993 |
| Address of Record | 4360 55 Avenue North SAINT PETERSBURG, FL 33714 |
| Discipline on File | Yes |

Secondary Locations

Address

540 Sands Point Drive
TIERRA VERDE, FL 33715

Address

4360 55th Avenue North
SAINT PETERSBURG, FL 33714

Address

6785 46th Avenue North
SAINT PETERSBURG, FL 33709

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

| Name | License | Profession | City | State | Case # | Action Taken |
|---------------------------------------|---------|------------|------------------|-------|-----------|--------------|
| LEALMAN SPECIAL FIRE CONTROL DISTRICT | 5211 | ALS - EMS | SAINT PETERSBURG | FL | 201113653 | 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 |
|--------------------------|--------------------------|----------------|---------|----------------|
| JAMESON, ANGUS MACINTOSH | PRIMARY 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 |
|-------------------|--------------|----------------------|---------|----------------|
| 1FDUF4GT3FED11291 | PERMIT | VEHICLE PERMIT (ALS) | 19644 | 12/7/2015 |
| 1FDUF4GT7HEE66090 | PERMIT | VEHICLE PERMIT (ALS) | 21457 | 5/10/2018 |
| 1FDUF4GT7HEE73105 | PERMIT | VEHICLE PERMIT (ALS) | 21456 | 5/10/2018 |
| 1FDUF4GT8REC46863 | PERMIT | VEHICLE PERMIT (ALS) | 26514 | 11/14/2024 |
| 1FDUF4GTXREC46864 | PERMIT | VEHICLE PERMIT (ALS) | 26329 | 9/5/2024 |
| 1FDUF4HT5GED31722 | PERMIT | VEHICLE PERMIT (ALS) | 20336 | 12/15/2016 |
| 1FDUF4HT6REE52603 | PERMIT | VEHICLE PERMIT (ALS) | 27193 | 7/15/2025 |
| 1FT7W2B64NED43415 | PERMIT | VEHICLE PERMIT (ALS) | 25300 | 8/24/2023 |
| 4P1BAAGF5LA021325 | PERMIT | VEHICLE PERMIT (ALS) | 22848 | 3/10/2020 |
| 4P1BCAGF0SA028191 | PERMIT | VEHICLE PERMIT (ALS) | 27715 | 1/14/2026 |
| 4P1BCAGF3SA028220 | PERMIT | VEHICLE PERMIT (ALS) | 27714 | 1/14/2026 |
| 4P1BCAGFXGA016458 | PERMIT | VEHICLE PERMIT (ALS) | 20107 | 9/26/2016 |
| 4P1CD01SS5A005107 | PERMIT | VEHICLE PERMIT (ALS) | 18489 | 7/11/2014 |
| 4P1CU01D0CA012531 | PERMIT | VEHICLE PERMIT (ALS) | 20334 | 12/15/2016 |
| 4P1CU01H1AA011291 | PERMIT | VEHICLE PERMIT (ALS) | 16607 | 5/9/2011 |
| 4P1CU01H48A008637 | PERMIT | VEHICLE PERMIT (ALS) | 20335 | 12/15/2016 |

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