



## CITY OF COCOA/COCOA FIRE DEPARTMENT

### License Number: ALS518

Data As Of 8/21/2025

|                             |                                     |
|-----------------------------|-------------------------------------|
| Profession                  | EMS Service Provider (ALS)          |
| License                     | ALS518                              |
| License Status              | Clear/                              |
| Qualifications              | Non - Transport                     |
| License Expiration Date     | 2/28/2026                           |
| License Original Issue Date | 03/01/2008                          |
| Address of Record           | 1740 Dixon Blvd.<br>COCOA, FL 32922 |
| Discipline on File          | Yes                                 |

### Secondary Locations

#### Address

300 Brunson Blvd.  
COCOA, FL 32922

#### Address

3505 State Road 524  
COCOA, FL 32926

### Discipline/Admin Action

#### Emergency Actions

No Emergency Actions Found

#### Discipline Cases

| Name                                | License | Profession | City  | State | Case #    | Action Taken |
|-------------------------------------|---------|------------|-------|-------|-----------|--------------|
| CITY OF COCOA/COCOA FIRE DEPARTMENT | 518     | ALS - EMS  | COCOA | FL    | 201608148 | 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 |
|------------------------|--------------------------|----------------|---------|----------------|
| DUDLEY, LARISSA SOPHIA | PRIMARY MEDICAL DIRECTOR | MEDICAL DOCTOR | 131434  | 10/01/2024     |

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

Subordinate Practitioners

| Name              | Relationship | Profession           | License | Effective Date |
|-------------------|--------------|----------------------|---------|----------------|
| 1FD0W5HT2LEE10764 | PERMIT       | VEHICLE PERMIT (ALS) | 24945   | 2/22/2023      |
| 1FD0X4GT4GEB97105 | PERMIT       | VEHICLE PERMIT (ALS) | 20361   | 12/22/2016     |
| 1S9A1BND1R3003002 | PERMIT       | VEHICLE PERMIT (ALS) | 25975   | 4/29/2024      |
| 1S9A1BND4F1003101 | PERMIT       | VEHICLE PERMIT (ALS) | 19623   | 12/2/2015      |
| 1S9A1BND6F1003102 | PERMIT       | VEHICLE PERMIT (ALS) | 19622   | 12/2/2015      |
| 4P10T02A62A002365 | PERMIT       | VEHICLE PERMIT (ALS) | 19671   | 12/28/2015     |
| 4P1CEO1A96A005715 | PERMIT       | VEHICLE PERMIT (ALS) | 14752   | 3/1/2008       |

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