



Iona McGregor Fire District

License Number: ALS3610

Data As Of 12/23/2024

| | |
|-----------------------------|---|
| Profession | EMS Service Provider (ALS) |
| License | ALS3610 |
| License Status | CLEAR/ |
| Qualifications | Non - Transport |
| License Expiration Date | 9/25/2026 |
| License Original Issue Date | 09/26/2008 |
| Address of Record | 15660 Pine Ridge Road FORT MYERS, FL 33919 |
| Discipline on File | Yes |

Secondary Locations

Address

16551 McGregor Blvd
FORT MYERS, FL 33908

Address

15961 Winkler Rd
FORT MYERS, FL 33908

Address

5401 Winkler Rd
FORT MYERS, FL 33919

Address

6061 S. Pointe Blvd. HQ
FT MYERS, FL 33919

Address

15660 Pine Ridge Rd
FORT MYERS, FL 33919

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

| Name | License | Profession | City | State | Case # | Action Taken |
|-----------------------------|---------|------------|------------|-------|-----------|--------------|
| IONA MCGREGOR FIRE DISTRICT | 3610 | ALS - EMS | FORT MYERS | FL | 201214430 | 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 |
|-----------------|--------------------------|-----------------------|---------|----------------|
| ABO, BENJAMIN N | PRIMARY MEDICAL DIRECTOR | OSTEOPATHIC PHYSICIAN | 13845 | 10/03/2022 |

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

Subordinate Practitioners

| Name | Relationship | Profession | License | Effective Date |
|-------------------|--------------|----------------------|---------|----------------|
| 1FD8W3F67NEE44111 | PERMIT | VEHICLE PERMIT (ALS) | 25239 | 7/28/2023 |
| 1FD8W3F69NEE44112 | PERMIT | VEHICLE PERMIT (ALS) | 25240 | 7/28/2023 |
| 1FD8W3F69NEE44113 | PERMIT | VEHICLE PERMIT (ALS) | 25238 | 7/28/2023 |
| 1S9A1BND0M1003044 | PERMIT | VEHICLE PERMIT (ALS) | 23961 | 9/21/2021 |
| 1S9A1BND1J1003159 | PERMIT | VEHICLE PERMIT (ALS) | 22420 | 8/7/2019 |
| 1S9A1BND5F1003060 | PERMIT | VEHICLE PERMIT (ALS) | 19146 | 6/18/2015 |
| 1S9A1BND6M1003081 | PERMIT | VEHICLE PERMIT (ALS) | 24025 | 10/22/2021 |
| 1S9A3JNE3K1003131 | PERMIT | VEHICLE PERMIT (ALS) | 22871 | 3/25/2020 |

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