



Universal Protection Service, LLC

License Number: ALS5223

Data As Of 4/23/2026

Profession	EMS Service Provider (ALS)
License	ALS5223
License Status	Clear/
Qualifications	Non - Transport
License Expiration Date	5/15/2028
License Original Issue Date	05/16/2016
Address of Record	1645 Palm Beach Lakes Boulevard Suite 600 WEST PALM BEACH, FL 33401
Discipline on File	No

Secondary Locations

Address

13782 Tournament Drive
PALM BEACH GARDENS, FL 33410

Address

11300 Mirasol Boulevard
PALM BEACH GARDENS, FL 33418

Address

4645 White Cedar Lane
DELRAY BEACH, FL 33445

Address

17557 Claridge Oval Way
BOCA RATON, FL 33496

Address

3500 Club House Lane
BOYNTON BEACH, FL 33436

Address

4650 Wycliffe Country Club Blv
WELLINGTON, FL

Address

100 Ballenisesles Circle
PALM BEACH GARDENS, FL 33418

Address

5400 Champion Boulevard
BOCA RATON, FL 33496

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
HALPERN, JOHN IRVING HOWARD	PRIMARY MEDICAL DIRECTOR	OSTEOPATHIC PHYSICIAN	6052	05/11/2016

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

Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
1FM5K8AB0PGB99174	PERMIT	VEHICLE PERMIT (ALS)	25940	4/11/2024
1FM5K8AB3SGA14365	PERMIT	VEHICLE PERMIT (ALS)	26984	3/31/2025
1FM5K8AB4MGA86789	PERMIT	VEHICLE PERMIT (ALS)	23507	2/15/2021
1FM5K8AB4SGA24077	PERMIT	VEHICLE PERMIT (ALS)	26754	1/29/2025
1FM5K8AB6SGA18779	PERMIT	VEHICLE PERMIT (ALS)	26755	1/29/2025
1FM5K8AB7PGB99950	PERMIT	VEHICLE PERMIT (ALS)	25942	4/11/2024
1FM5K8AB9PGB98668	PERMIT	VEHICLE PERMIT (ALS)	25941	4/11/2024
1FM5K8ACP0PGA32905	PERMIT	VEHICLE PERMIT (ALS)	25174	7/12/2023
1FM5K7DH9PGB88834	PERMIT	VEHICLE PERMIT (ALS)	26756	1/29/2025
3GNAXFEV3LS507583	PERMIT	VEHICLE PERMIT (ALS)	24089	11/18/2021
3GTP1TEH6FG428980	PERMIT	VEHICLE PERMIT (ALS)	25175	7/12/2023
NMJA3DEXT696430	PERMIT	VEHICLE PERMIT (ALS)	27861	3/11/2026

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