Florida HEALTH Department of Health

JOE ALAN NELSON

License Number: OS4921

Data As Of 11/17/2026

Profession	Osteopathic Physician
License	OS4921
License Status	Clear/Active
License Expiration Date	3/31/2028
License Original Issue Date	07/01/1985
Address of Record	10000 BAY PINES BLVD BAY PINES, FL 33744
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address
Pinellas Technical College EMS 901 34th St S
SAINT PETERSBURG, FL 33711

Address
Barry University EMS Program 15900 Pines Blvd
PEMBROKE PINES, FL 33027

Address
Olive Health LLC 4912 West Trapnell Rd
PLANT CITY, FL 33566

Address
Aparacio-Levy Tech College 10119 E Ellicott St
TAMPA, FL 33610

Address
Transitions Healthcare 2655 Ulmerton Rd Suite 410
CLEARWATER, FL 33762

Address
15270 Endeavor Dr Sikorsky Aircraft Fire Dept/Rural Metro
JUPITER, FL 33478

Address
Woundology 8924 Arabella Lane
SEMINOLE, FL 33777

Address
St Petersburg College EMS Prog 3200 34th St S
SAINT PETERSBURG, FL 33711

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

No Discipline Found

Public Complaints

No Public Complaint 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.

Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
DEMPEL, SUSANN CAROLYN	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9107862	10/16/2026
RURAL/METRO FIRE DEPARTMENT, INC.	SERVICE PROVIDER	EMS SERVICE PROVIDER ALS	10046	4/21/2022

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

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