



Okaloosa Hospital Inc. DBA HCA Florida Twin Cities

License Number: ALS10107

Data As Of 1/9/2026

Profession	EMS Service Provider (ALS)
License	ALS10107
License Status	Clear/
Qualifications	Transport
License Expiration Date	12/29/2027
License Original Issue Date	12/30/2025
Address of Record	2190 Highway 85 N NICEVILLE, FL 32578
Discipline on File	No

Secondary Locations

Address

160 Twin Springs Way
DEFUNIAK SPRINGS, FL 32435

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
REDFIELD, COLBY SCOTT	PRIMARY MEDICAL DIRECTOR	MEDICAL DOCTOR	126222	12/30/2025

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

Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
1FDWE3FN2TDD21790	PERMIT	VEHICLE PERMIT (ALS)	27689	12/30/2025
1FDWE3FN8TDD21762	PERMIT	VEHICLE PERMIT (ALS)	27688	12/30/2025

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

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