# Hardee County Fire Rescue

### License Number: ALS2501

Data As Of 8/20/2025

Profession EMS Service Provider (ALS)

License Status Clear/
Qualifications Transport
License Expiration Date 12/5/2026

License Original Issue

Date

11/30/1992

Address of Record 149 K. D. Revell Road

WAUCHULA, FL 33873

Discipline on File Yes

## **Secondary Locations**

#### Address

104 Fifth Street Station #2 ZOLFO SPRINGS, FL 33890

#### Address

620 West Main Street Station #3 BOWLING GREEN, FL 33834

## Discipline/Admin Action

#### **Emergency Actions**

No Emergency Actions Found

### **Discipline Cases**

| Name               | License | Profession | City     | State | Case#     | Action Taken |
|--------------------|---------|------------|----------|-------|-----------|--------------|
| HARDEE COUNTY FIRE | 2501    | ALS - EMS  | WAUCHULA | FL    | 201023681 | FINE         |
| RESCUE             |         |            |          |       |           |              |

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 |
|-----------------------|---------------------------|----------------|---------|----------------|
| PIGMAN, EDWIN CARY MD | PRIMIARY MEDICAL DIRECTOR | MEDICAL DOCTOR | 66985   | 04/15/2012     |

# **Subordinate Practitioners**

| Name              | Relationship | Profession           | License | Effective Date |
|-------------------|--------------|----------------------|---------|----------------|
| 1FDUF4GT0HEC23978 | PERMIT       | VEHICLE PERMIT (ALS) | 20838   | 8/10/2017      |
| 1FDUF4GT2HEC23979 | PERMIT       | VEHICLE PERMIT (ALS) | 20839   | 8/10/2017      |
| 1FDUF5GT7LDA07596 | PERMIT       | VEHICLE PERMIT (ALS) | 23351   | 12/14/2020     |
| 1FVACWDT4FHGG3328 | PERMIT       | VEHICLE PERMIT (ALS) | 18753   | 12/30/2014     |
| 4P1BAAFF3MA022265 | PERMIT       | VEHICLE PERMIT (ALS) | 23299   | 11/19/2020     |
| 4P1BAAFF9FA015047 | PERMIT       | VEHICLE PERMIT (ALS) | 18939   | 3/27/2015      |
| 4P1CE01T86A006629 | PERMIT       | VEHICLE PERMIT (ALS) | 13966   | 11/27/2006     |
| 4PICT02A13A003697 | PERMIT       | VEHICLE PERMIT (ALS) | 18569   | 8/26/2014      |

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

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