



## Greater Orlando Aviation Authority

### License Number: ALS4805

Data As Of 2/5/2026

|                             |   |
|-----------------------------|---|
| Profession                  | EMS Service Provider (ALS)                    |
| License                     | ALS4805                                       |
| License Status              | Clear/  |
| Qualifications              | Transport                                     |
| License Expiration Date     | 6/5/2027                                      |
| License Original Issue Date | 06/06/1993                                    |
| Address of Record           | One Jeff Fuqua Boulevard<br>ORLANDO, FL 32827 |
| Discipline on File          | Yes   |

### Secondary Locations

#### Address

8652 Casa Verde Road Building 811  
ORLANDO, FL 32827

#### Address

8801 Heintzleman Boulevard  
ORLANDO, FL 32827

#### Address

5605 South Perimeter Road  
ORLANDO, FL 32827

#### Address

4170 Express Street  
ORLANDO, FL 32827

### Discipline/Admin Action

#### Emergency Actions

No Emergency Actions Found

#### Discipline Cases

| Name                               | License | Profession | City    | State | Case #    | Action Taken |
|------------------------------------|---------|------------|---------|-------|-----------|--------------|
| GREATER ORLANDO AVIATION AUTHORITY | 4805    | ALS - EMS  | ORLANDO | FL    | 201111379 | 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 |
|---------------------------|--------------------------|----------------|---------|----------------|
| ZUVER, CHRISTIAN CHASTAIN | PRIMARY MEDICAL DIRECTOR | MEDICAL DOCTOR | 97144   | 05/09/2019     |

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

## Subordinate Practitioners

| Name              | Relationship | Profession           | License | Effective Date |
|-------------------|--------------|----------------------|---------|----------------|
| 1FDUF5HT2HED88046 | PERMIT       | VEHICLE PERMIT (ALS) | 21210   | 1/10/2018      |
| 1FDUW5GT9LED98372 | PERMIT       | VEHICLE PERMIT (ALS) | 23661   | 5/10/2021      |
| 1FDXE4FN1SDD12359 | PERMIT       | VEHICLE PERMIT (ALS) | 26718   | 1/16/2025      |
| 1FDXE4FN7PDD32428 | PERMIT       | VEHICLE PERMIT (ALS) | 25554   | 10/19/2023     |
| 1HTMNAAMX9H105348 | PERMIT       | VEHICLE PERMIT (ALS) | 15533   | 5/25/2009      |
| 1S0A1HLD791003037 | PERMIT       | VEHICLE PERMIT (ALS) | 21209   | 1/10/2018      |
| 4EN6AAA88L1003132 | PERMIT       | VEHICLE PERMIT (ALS) | 23104   | 7/21/2020      |
| 4ENLABA86H1001038 | PERMIT       | VEHICLE PERMIT (ALS) | 21211   | 1/10/2018      |

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