



City of Tarpon Springs

License Number: ALS5221

Data As Of 7/29/2025

| | |
|-----------------------------|---|
| Profession | EMS Service Provider (ALS) |
| License | ALS5221 |
| License Status | Clear/ |
| Qualifications | Non - Transport |
| License Expiration Date | 3/11/2027 |
| License Original Issue Date | 05/06/1993 |
| Address of Record | 444 Huey Avenue South TARPON SPRINGS, FL 34689 |
| Discipline on File | Yes |

Secondary Locations

Address

1025 Gulf Road
TARPON SPRINGS, FL 34689

Address

1600 L and R Industrial Blvd.
TARPON SPRINGS, FL 34689

Address

444 South Huey Avenue
TARPON SPRINGS, FL 34689

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

| Name | License | Profession | City | State | Case # | Action Taken |
|-------------------------|---------|------------|----------------|-------|-----------|--------------|
| TARPON SPRINGS, CITY OF | 5221 | ALS - EMS | TARPON SPRINGS | FL | 201106814 | 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 |
|--------------------------|--------------------------|----------------|---------|----------------|
| JAMESON, ANGUS MACINTOSH | PRIMARY MEDICAL DIRECTOR | MEDICAL DOCTOR | 114475 | 01/14/2014 |

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

Subordinate Practitioners

| Name | Relationship | Profession | License | Effective Date |
|-------------------|--------------|----------------------|---------|----------------|
| 1FD0X5GT0RED51978 | PERMIT | VEHICLE PERMIT (ALS) | 26794 | 2/6/2025 |
| 4P1BAAFF2GA015800 | PERMIT | VEHICLE PERMIT (ALS) | 19701 | 1/20/2016 |
| 4P1BAAFF4KA09596 | PERMIT | VEHICLE PERMIT (ALS) | 21879 | 11/19/2018 |
| 4P1BAAFF5NA024360 | PERMIT | VEHICLE PERMIT (ALS) | 24926 | 2/15/2023 |
| 4P1BCAFF7LA021399 | PERMIT | VEHICLE PERMIT (ALS) | 24925 | 2/15/2023 |

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