



JOE ALAN NELSON

License Number: OS4921

Data As Of 12/4/2024

Profession	Osteopathic Physician
License	OS4921
License Status	CLEAR/Active
License Expiration Date	3/31/2026
License Original Issue Date	07/01/1985
Address of Record	2500 NW 29TH MANOR POMPANO BEACH, FL 33069
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

Manatee County S&R 7006 122nd Ave East
PALMETTO, FL 34221

Address

12600 NW 107th Ave
MEDLEY, FL 33178

Address

Suite D 1105 Barnett Drive
LAKE WORTH, FL 33461

Address

4531 OAK FAIR BLVD
TAMPA, FL 33610

Address

17900 Beeline HWY Sikorsky Aircraft Fire Dept/Rural Metro
JUPITER, FL 33478

Address

10000 Bay Pines Blvd
BAY PINES, FL 33744

Address

4728 Old Winter Garden Road
ORLANDO, FL 32811

Address

950 N Main St
BUSHNELL, FL 33513

Address

Transitions Healthcare 15500 Roosevelt Blvd
CLEARWATER, FL 33760

Address

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

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
ATLANTIC/PALM BEACH AMBULANCE, INC. DBA	SERVICE PROVIDER	EMS SERVICE PROVIDER ALS	5001	1/1/1998
BROWARD AMBULANCE, INC., DBA AMR	SERVICE PROVIDER	EMS SERVICE PROVIDER ALS	606	1/1/1998
LIFEFLEET SOUTHEAST INC. DBA AMERICAN ME	SERVICE PROVIDER	EMS SERVICE PROVIDER ALS	2919	6/16/1994
MEDI-CAR AMBULANCE SERVICE, INC., DBA AM	SERVICE PROVIDER	EMS SERVICE PROVIDER ALS	1325	1/1/1998
RANDLE-EASTERN AMB. SVC., INC. DBA MEDIC	SERVICE PROVIDER	EMS SERVICE PROVIDER ALS	1334	8/1/2011
RANDLE-EASTERN AMBULANCE SERVICE, INC.,	SERVICE PROVIDER	EMS SERVICE PROVIDER ALS	1316	1/1/1998
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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