



## Hardee County Fire Rescue

### License Number: ALS2501

Data As Of 4/28/2026

Profession	EMS Service Provider (ALS)
License	ALS2501
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 RESCUE	2501	ALS - EMS	WAUCHULA	FL	201023681	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
PIGMAN, EDWIN CARY MD	PRIMARY MEDICAL DIRECTOR	MEDICAL DOCTOR	66985	04/15/2012

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

## 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

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.

## 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 RESCUE	2501	ALS - EMS	WAUCHULA	FL	201023681	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
PIGMAN, EDWIN CARY MD	PRIMARY MEDICAL DIRECTOR	MEDICAL DOCTOR	66985	04/15/2012

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

## 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

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.