



## BRANKO STROK MD

License Number: ME109549

Data As Of 4/20/2026

Profession	Medical Doctor
License	ME109549
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2027
License Original Issue Date	04/07/2011
Address of Record	19985 S Tamiami Trl ESTERO, FL 33928
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

## Secondary Locations

### Address

13005 Collier Blvd  
GOLDEN GATE, FL 34116

### Address

1120 Homestead Road N  
LEHIGH ACRES, FL 33936

### Address

15165 McGregor Blvd  
FORT MYERS, FL 33908

### Address

12375 S Cleveland Ave  
FORT MYERS, FL 33907

### Address

2609 Santa Barbara Blvd  
CAPE CORAL, FL 33914

### Address

11300 Lindbergh Blvd Suite 107  
FORT MYERS, FL 33913

### Address

313 SW Pine Island Rd  
CAPE CORAL, FL 33991

### Address

5616 Tuscola Blvd  
NORTH PORT, FL 34287

### Address

2200 Tamiami Trail  
PORT CHARLOTTE, FL 33948

## 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
CAPLES, REBECCA ANN	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9120546	10/1/2025
CAPLES, REBECCA ANN	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9120546	8/21/2025
PLEASANTS, TOM ADAIR	SUBORDINATE	OSTEOPATHIC PHYSICIAN	5751	10/15/2020
WILLIAMS, ASHLEY MARIE	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9116718	8/13/2025
WILLIAMS, ASHLEY MARIE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9116718	9/24/2024

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

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