Florida HEALTH Department of Health

ANUJ PRASHER

License Number: ME114034

Data As Of 11/5/2026

Profession	Medical Doctor
License	ME114034
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2027
License Original Issue Date	08/23/2012
Address of Record	1050 SE MONTEREY ROAD SUITE 400 STUART, FL 34994
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

9401 SW DISCOVERY WAY
PORT ST LUCIE, FL 34987

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
MCGANNON, ANDREA NICOLE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9116067	3/12/2024

Name	Relationship	Profession	License	Effective Date
MUSCARELLA, DARRIN JAMES	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9117971	3/12/2024

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

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