LUIS JOSE BATLLE

License Number: ME119587

Data As Of 11/27/2025

Profession Medical Doctor
License ME119587
License Status Clear/Active

Qualifications Dispensing Practitioner

License Expiration Date 1/31/2026 License Original Issue Date 04/15/2014

Address of Record 1700 N. 66th Street

Suite 403

Yes

SAINT PETERSBURG, FL 33710

Controlled Substance Prescriber (for the Treatment of Chronic Non-

malignant Pain)

Discipline on File Yes
Public Complaint Yes

Secondary Locations

Address

2250 DREW ST

CLEARWATER, FL 33765

Address

2238 DREW ST

CLEARWATER, FL 33765

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

| Name | License | Profession | City | State | Case# | Action Taken |
|-------------------|---------|------------|------------|-------|-----------|---------------|
| BATLLE, LUIS JOSE | 119587 | MEDICAL | SAINT | FL | 202137614 | OBLIGATION(S) |
| | | DOCTOR | PETERSBURG | | | SATISFIED |

Public Complaints

| Name | License | Profession | City | State | Case# | Action Taken |
|-------------------|---------|------------|------------|-------|-----------|--------------|
| BATLLE, LUIS JOSE | 119587 | MEDICAL | SAINT | FL | 202137614 | AC FILED |
| | | DOCTOR | PETERSBURG | | | |

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

- 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 |
|---------------------------|------------------------|------------------------|---------|----------------|
| SPINECARE ASSOCIATES, LLC | PAIN MANAGEMENT CLINIC | PAIN MANAGEMENT CLINIC | 1790 | 2/28/2019 |

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

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