# **KAROLY O KISS**

### License Number: ME17141

| Data As Of 7/16/2025               |  |
|------------------------------------|--|
| Profession                         | Medical Doctor   |
| License                            | ME17141  |
| License Status                     | Null And Void/   |
| Qualifications                     | Dispensing Practitioner  |
| License Expiration Date            | 1/31/2017  |
| License Original Issue Date        | 12/31/1973   |
| Address of Record                  | If further information is needed, please contact the Department of Health at (850) 488-<br>0595. |
| Controlled Substance Prescriber    | No   |
| (for the Treatment of Chronic Non- |  |
| malignant Pain)                    |  |
| Discipline on File                 | No   |
| Public Complaint                   | No   |
|                                    |  |

## Secondary Locations

### Address

10500 ULMERTON ROAD STE 202 LARGO, FL 33771 Address 2810 W. MLK BLVD. TAMPA, FL 33607 Address 206 E. BRANDON BLVD. BRANDON, FL 33511 Address 13210 N. BRUCE B. DOWNS BLVD. TAMPA, FL 33612 Address 20677 N. BRUCE B. DOWNS BLVD. TAMPA, FL 33647 Address 22945 S.R. 54 LUTZ, FL 33549 Address 13856 N. DALE MABRY CARROLLWOOD, FL 33618 Address 801 W. MLK BLVD. SEFFNER, FL 33584

# 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.

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