EARL MARK BREWSTER JR

License Number: ME126781

Data As Of 8/26/2025

Profession Medical Doctor
License ME126781
License Status Clear/Active
License Expiration Date 1/31/2026
License Original Issue Date 01/27/2016
Address of Record 5040

nw 7th street Miami

No

MIAMI, FL 33126

Controlled Substance Prescriber

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No
Public Complaint Yes

Secondary Locations

Address

815 NW 57 AVE Suite 207 MIAMI, FL 33126

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

No Discipline Found

Public Complaints

| Name | License | Profession | City | State | Case# | Action Taken |
|---------------------|----------|-------------------|-------|-------|-----------|--------------|
| BREWSTER, EARL MARK | K 126781 | MEDICAL DOCTOR | MIAMI | FL | 202413118 | AC FILED |

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 |
|------------------------|---------------------|------------------------------------|----------|----------------|
| BROWN, STEPHANIE MARIA | ANESTHESIA PROVIDER | ADVANCED PRACTICE REGISTERED NURSE | 11007016 | 05/26/2021 |
| LUIS, ARMANDO | ANESTHESIA PROVIDER | ADVANCED PRACTICE REGISTERED NURSE | 9357758 | 02/24/2021 |

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

Subordinate Practitioners

| Name | Relationship | Profession | License | Effective Date |
|----------------------|--------------|----------------|---------|----------------|
| HARMON, RHONDA LEIGH | SUBORDINATE | MEDICAL DOCTOR | 97912 | 5/19/2017 |

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.