## JEFFREY JOSEPH ALVAREZ

## License Number: ME141508

Data As Of 11/27/2025

Profession Medical Doctor
License ME141508
License Status Clear/Active
License Expiration Date 1/31/2027
License Original Issue Date 06/27/2019

Address of Record 3930 Howard Hughes Parkway

#270

No

LAS VEGAS, NV 89169

Controlled Substance Prescriber

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

# **Secondary Locations**

#### Address

Hillsborough County Jail 520 North Falkenburg Road

TAMPA BAY, FL 33619

#### Address

Sarasota County Jail 2020 Main Street

SARASOTA, FL 34237

## Address

Saint Lucie County Jail 4700 West Midway Road

FORT PIERCE, FL 34981

#### Address

Duval County Jail 501 East Bay Street

JACKSONVILLE, FL 32202

### Address

Manatee County Jail 14470 Harlee Road

PALMETTO, FL 34221

#### Address

Lee County Core/CPU Jail 2501 Ortiz Ave

FORT MYERS, FL 33905

#### Address

Lee County Jail (Main) 2115 Dr. Martin Luther Kink Jr Blvd

FORT MYERS, FL 33901

#### Address

Pasco County Jail 20101 Central Blvd

LAND O LAKES, FL 34637

## 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
EISENBERG, LINDSEY KATHLEEN	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9108750	10/17/2024
GIL, FRANCISCO JOSE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9111532	1/8/2025
GRIMALDI, THOMAS	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9111350	10/3/2021
GRIMALDI, THOMAS	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9111350	6/28/2021
HORTON, CAROLYN LAUREN	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9118018	10/10/2023

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

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