



CARLOS R SUAREZ

License Number: PA2960

Data As Of 1/12/2026

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|--|---|
| Professional | Physician Assistant |
| License | PA2960 |
| License Status | Clear/Active |
| Qualifications | Prescribing Dispensing Practitioner |
| License Expiration Date | 1/31/2028 |
| License Original Issue Date | 10/09/1995 |
| Address of Record | 18203 PINES BLVD. CARESPOT URGENT CARE PEMBROKE PINES, FL 33029 |
| Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain) | No |
| Discipline on File | No |
| Public Complaint | No |

Secondary Locations

Address

129 South State Rd 7, Ste. 401
ROYAL PALM BEACH, FL 33414

Address

4450 State Road 7
COCONUT CREEK, FL 33073

Address

8756 Boynton Beach Blvd
BOYNTON BEACH, FL 33472

Address

1820 58th Ave., Unit 110
VERO BEACH, FL 32960

Address

18203 Pines Blvd
PEMBROKE PINES, FL 33029

Address

1205 North University Drive
CORAL SPRINGS, FL 33071

Address

784 SE Prima Vista Blvd
PORT SAINT LUCIE, FL 34952

Address

10251 West Commercial Blvd
SUNRISE, FL 33351

Address

1611 South Federal Highway
POMPANO BEACH, FL 33062

Address

9035 PINES BLVD. CARESPOT URGENT CARE
PEMBROKE PINES, FL 33024

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.

Supervising Practitioners

| Name | Relationship | Profession | License | Effective Date |
|-------------------------|--------------------------------------|----------------|---------|----------------|
| MCKREITH, TRACEY ALICIA | SUPERVISING DISPENSING PRACTITIONER | MEDICAL DOCTOR | 116119 | 08/22/2018 |
| MCKREITH, TRACEY ALICIA | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 116119 | 03/07/2018 |

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

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