# **BRIAN ROSS SAMUELS**

# License Number: ME146275

Data As Of 6/19/2025

Profession Medical Doctor
License ME146275
License Status Clear/Active

Qualifications Dispensing Practitioner

License Expiration Date 1/31/2026
License Original Issue Date 07/02/2020

Address of Record 2450 N Orange Blossom Trail KISSIMMEE, FL 34744

No

Controlled Substance Prescriber (for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

# **Secondary Locations**

## Address

13670 Walsingham Road LARGO, FL 33774

## Address

1155 S Dale Mabry Hwy Ste 7

TAMPA, FL 33629

## Address

4821 US Hwy 19 Ste 5

NEW PORT RICHEY, FL 34652

## Address

3351 N McMullen Booth Rd CLEARWATER, FL 33761

## Address

10125 Big Bend Road RIVERVIEW, FL 33578

# Address

36245 US Hwy 27

HAINES CITY, FL 33844

# Address

2016 SR 60 E

VALRICO, FL 33594

## Address

6455 Gulf Blvd

ST PETE BEACH, FL 33706

## Address

2331 4th Street North

SAINT PETERSBURG, FL 33704

## Address

711 S Belcher Rd

CLEARWATER, FL 33764

## Address

244 Bloomingdale Avenue

VALRICO, FL 33596

Address

6909 W Waters Avenue

**TAMPA**, FL 33634

#### Address

1599 66th Street

SAINT PETERSBURG, FL 33710

17152 Donna Michelle Drive ste 5

**TAMPA, FL 33647** 

#### Address

3440 W Dr. MLK Blvd **TAMPA, FL 33607** 

## Address

11921 N Dale Mabry Hwy

**TAMPA, FL 33618** 

#### Address

711 S Belcher Road

CLEARWATER, FL 33764

### Address

2488 E Irlo Bronson Memorial Hwy

KISSIMMEE, FL 34744

# 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

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