ELIOT ALAN WARON

License Number: PA9112297

| Data As Of 8/27/2025 | |
|------------------------------------|----------------------------|
| Profession | Physician Assistant |
| License | PA9112297 |
| License Status | Clear/Active |
| Qualifications | Prescribing |
| License Expiration Date | 1/31/2026 |
| License Original Issue Date | 07/09/2019 |
| Address of Record | 127 N Dixie Highway |
| | Unit 4 |
| | LAKE WORTH BEACH, FL 33460 |
| Controlled Substance Prescriber | No |
| (for the Treatment of Chronic Non- | |
| malignant Pain) | |
| Discipline on File | No |
| Public Complaint | No |
| | |

Secondary Locations

Address

1425 S Congress Avenue DELRAY BEACH, FL 33445 Address

2224 N University Drive CORAL SPRINGS, FL 33071

Address

5975 N Federal Highway Unit 107 FORT LAUDERDALE, FL 33308

Address

1383 S Military Trail DEERFIELD BEACH, FL 33442

Address

2662 Hollywood Blvd HOLLYWOOD, FL 33020

Address

2350 N University Drive Unit B SUNRISE, FL 33322

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:

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 |
|---------------------|--------------------------------------|----------------|---------|----------------|
| GRABER, MYLISSA AMY | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 82335 | 04/16/2025 |

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

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