#### BARBARA DESAMOURS BLOT

### License Number: MW158

Data As Of 9/21/2025

Profession Licensed Midwife

License Status Revoked/
License Expiration Date 12/31/2025
License Original Issue Date 11/21/2002

Address of Record If further information is needed, please contact the Department of Health at (850) 488-

0595.

Discipline on File Yes
Public Complaint Yes

## **Secondary Locations**

No secondary locations found.

# Discipline/Admin Action

### **Emergency Actions**

No Emergency Actions Found

#### **Discipline Cases**

| Name                       | License | Profession   | City  | State | Case#     | Action Taken               |
|----------------------------|---------|--------------|-------|-------|-----------|----------------------------|
| BLOT, BARBARA<br>DESAMOURS | 158     | LIC. MIDWIFE | MIAMI | FL    | 201014367 | OBLIGATION(S)<br>SATISFIED |
| BLOT, BARBARA<br>DESAMOURS | 158     | LIC. MIDWIFE | MIAMI | FL    | 201821968 | OBLIGATION(S)<br>SATISFIED |
| BLOT, BARBARA<br>DESAMOURS | 158     | LIC. MIDWIFE | MIAMI | FL    | 202023715 | REVOCATION                 |

## **Public Complaints**

| Name                       | License | Profession | City  | State | Case#     | Action Taken |
|----------------------------|---------|------------|-------|-------|-----------|--------------|
| BLOT, BARBARA<br>DESAMOURS | 158     | MIDWIFERY  | MIAMI | FL    | 201821968 | AC FILED     |
| BLOT, BARBARA<br>DESAMOURS | 158     | MIDWIFERY  | MIAMI | FL    | 202023715 | AC FILED     |
| BLOT, BARBARA<br>DESAMOURS | 158     | MIDWIFERY  | MIAMI | FL    | 202023715 | AC FILED     |
| BLOT, BARBARA<br>DESAMOURS | 158     | MIDWIFERY  | MIAMI | FL    | 201014367 | 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.

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