MATHEW CASEY LIVEOAK

License Number: PN5222311

| Data As Of 12/22/2024 | |
|-----------------------------|---|
| Profession | Licensed Practical Nurse |
| License | PN5222311 |
| License Status | EMERG SUSPENS/ |
| Qualifications | Single-state License |
| License Expiration Date | 7/31/2025 |
| License Original Issue Date | 08/20/2015 |
| Address of Record | 9573 AMERICAN FARMS ROAD |
| | FL |
| | MILTON, FL 32583 |
| Discipline on File | No |
| Public Complaint | Yes |
| Alerts | Enforcement Alert |
| | 10/24/2024 10:28:56 AM |
| | Emergency Suspension Order filed 08/14/2024Voluntary Relinquishment Pending |
| | Board Action filed 10/24/2024. |

Secondary Locations

No secondary locations found.

Discipline/Admin Action

Emergency Actions

| Name | License | Profession | City | County | State | Case # | Action Taken | Action Date |
|--------------------|---------|--------------------------------|--------|---------------|-------|-----------|-----------------|-------------|
| LIVEOAK, MATHEW | 5222311 | LICENSED PRACTICAL NURSE | MILTON | SANTA ROSA | FL | 202428650 | ESO ISSUED | 08/14/2024 |

Discipline Cases

No Discipline Found

Public Complaints

| Name | License | Profession | City | State | Case # | Action Taken |
|--------------------------|---------|--------------------------------|--------|-------|-----------|--------------|
| LIVEOAK, MATHEW CASEY | 5222311 | LICENSED PRACTICAL NURSE | MILTON | FL | 202428650 | 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; 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.

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.

^{2.} Name and address where documents are to be sent; and