



## MOHAMMAD ABDULLAH DWARY

### License Number: ACN1506

Data As Of 5/23/2026

Profession	Area of Critical Need Medical Doctor
License	ACN1506
License Status	Conditional/Active
License Expiration Date	1/31/2028
License Original Issue Date	01/24/2023
Address of Record	1839 Central Ave SAINT PETERSBURG, FL 33713
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

### Secondary Locations

#### Address

Elevated Estates 7423 Kauai Loop  
NEW PORT RICHEY, FL 34653

#### Address

Kindred Hospital of Tampa 4801 N. Howard Ave  
TAMPA, FL 33603

#### Address

Elevated Estates 8239 Cessna Dr  
SPRING HILL, FL 34606

#### Address

Aurora Gardens Assisted Living 6716 Congress St  
NEW PORT RICHEY, FL 34653

#### Address

PHC of Pinellas 6336 Fort King RD  
ZEPHYRHILLS, FL 33542

#### Address

Gandy Crossing Care Center 4610 Manhattan Ave  
TAMPA, FL 33611

#### Address

Madison Pointe Care Center 6020 Indiana Ave  
NEW PORT RICHEY, FL 34653

#### Address

Sunrise Community Inc 2160 Green Tree Court  
BARTOW, FL 33830

#### Address

Elevated Estates 14235 Edwinola Way  
DADE CITY, FL 33523

#### Address

Sunny Vista Assisted Living 8112 N. 9th St  
TAMPA, FL 33604

### 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	Effective License Date
AURORA GARDEN ASSISTED LIVING FACILITY	AREA OF CRITICAL NEED FACILITY	MEDICAL RELATED PROCESS ENTITY	11/02/2023
ELEVATED ESTATES ASSISTED LIVING FACILIT	AREA OF CRITICAL NEED FACILITY	MEDICAL RELATED PROCESS ENTITY	11/02/2023
ELEVATED ESTATES ASSISTED LIVING FACILIT	AREA OF CRITICAL NEED FACILITY	MEDICAL RELATED PROCESS ENTITY	11/02/2023
EVELATED ESTATES ASSISTED LIVING FACILIT	AREA OF CRITICAL NEED FACILITY	MEDICAL RELATED PROCESS ENTITY	11/02/2023
GANDY CROSSING CARE CENTER	AREA OF CRITICAL NEED FACILITY	MEDICAL RELATED PROCESS ENTITY	11/02/2023
MADISON POINTE NURSING CENTER	AREA OF CRITICAL NEED FACILITY	MEDICAL RELATED PROCESS ENTITY	11/02/2023
PROFESSIONAL HEALTH CARE OF PINELLAS, IN	AREA OF CRITICAL NEED FACILITY	MEDICAL RELATED PROCESS ENTITY	01/24/2023
SUNRISE COMMUNITY CENTER	AREA OF CRITICAL NEED FACILITY	MEDICAL RELATED PROCESS ENTITY	11/02/2023

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

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