#### NORMAN JOSEPH CASTELLANO

#### License Number: ME32389

Data As Of 9/9/2025

Profession Medical Doctor
License ME32389
License Status Clear/Active

Qualifications Dispensing Practitioner

License Expiration Date 1/31/2027 License Original Issue Date 04/06/1978

Address of Record 2727 W DR MLK JR BLVD

STE 450

Yes

TAMPA, FL 33607

Controlled Substance Prescriber

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File Yes
Public Complaint No

# **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 |
|--------------------|---------|------------|-------|-------|-------|--------------|
| CASTELLANO, NORMAN | 32389   | MEDICAL    | TAMPA | FL    | 75642 | FINE AND     |
| JOSEPH             |         | DOCTOR     |       |       |       | REPRIMAND    |

#### **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.

# **Subordinate Practitioners**

| Name                                | Relationship                    | Profession                              | License | Effective<br>Date |
|-------------------------------------|---------------------------------|---|---------|-------------------|
| PRIMARY CARE PHYSICIANS<br>ALLIANCE | HCCE                            | HEALTH CARE CLINIC ESTABLISHMENT PERMIT | 3258    | 2/9/2010          |
| RELIHAN, CRISTINA                   | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT                     | 9108702 | 8/18/2021         |

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

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