MARK S GOROVOY MD

License Number: ME39771

Data As Of 6/26/2025	
Profession	Medical Doctor
License	ME39771
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2027
License Original Issue Date	04/30/1982
Address of Record	12381 SOUTH CLEVELAND AVENUE
	SUITE 300
	FORT MYERS, FL 33907
Controlled Substance Prescriber	No
(for the Treatment of Chronic Non-	
malignant Pain)	
Discipline on File	No
Public Complaint	No

Secondary Locations

Address 12453 SOUTH CLEVELAND AVENUE SUITE 100 FORT MYERS, FL 33907

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.

Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
GOROVOY M.D. EYE SPECIALISTS	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT	1357	12/26/2008

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

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