



THOMAS KARL VELLEFF JR

License Number: ME42998

Data As Of 4/20/2026

Profession	Medical Doctor
License	ME42998
License Status	Revoked/
License Expiration Date	1/31/2023
License Original Issue Date	08/26/1983
Address of Record	If further information is needed, please contact the Department of Health at (850) 488-0595.
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
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
VELLEFF, THOMAS KARL	42998	MEDICAL DOCTOR	MELBOURNE	FL	200305277	OBLIGATIONS IMPOSED
VELLEFF, THOMAS KARL	42998	MEDICAL DOCTOR	MELBOURNE	FL	200306284	OBLIGATIONS IMPOSED
VELLEFF, THOMAS KARL	42998	MEDICAL DOCTOR	MELBOURNE	FL	200306671	OBLIGATIONS IMPOSED
VELLEFF, THOMAS KARL	42998	MEDICAL DOCTOR	MELBOURNE	FL	200310439	OBLIGATIONS IMPOSED
VELLEFF, THOMAS KARL	42998	MEDICAL DOCTOR	MELBOURNE	FL	200313050	OBLIGATIONS IMPOSED
VELLEFF, THOMAS KARL	42998	MEDICAL DOCTOR	MELBOURNE	FL	200315343	OBLIGATIONS IMPOSED
VELLEFF, THOMAS KARL	42998	MEDICAL DOCTOR	MELBOURNE	FL	201017708	REVOCATION
VELLEFF, THOMAS KARL	42998	MEDICAL DOCTOR	MELBOURNE	FL	201208782	REVOCATION
VELLEFF, THOMAS KARL	42998	MEDICAL DOCTOR	MELBOURNE	FL	201712689	REVOCATION

Public Complaints

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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.

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.

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