#### MEERA RAJSHEKHAR OZA MD

#### License Number: ME47366

Data As Of 5/14/2025

Profession Medical Doctor
License ME47366
License Status CLEAR/Active
License Expiration Date 1/31/2027
License Original Issue Date 10/30/1985

Address of Record 2100 KINGSLEY AVE ORANGE PARK, FL 32073

Controlled Substance Prescriber Yes

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

# **Secondary Locations**

No secondary locations found.

## 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 | o Profession                            | Licens | Effective<br>e Date |
|------------------------------------------|--------------|-----------------------------------------|--------|---------------------|
| ARTHRITIS & OSTEOPOROSIS TREATMENT CENTE | HCCE         | HEALTH CARE CLINIC ESTABLISHMENT PERMIT | 687    | 12/31/2008          |

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