#### **ANTHONY JOSEPH PIZARRO**

## License Number: ME49571

Data As Of 8/7/2025

Profession Medical Doctor
License ME49571
License Status Clear/Active

Qualifications Dispensing Practitioner

License Expiration Date 1/31/2026 License Original Issue Date 10/30/1986

Address of Record

This practitioner does not have an address of record on file with the department. If

you have any questions, please contact the department at (850) 488-0595.

Address of Record NOT PRACTICING

Controlled Substance Prescriber

(for the Treatment of Chronic Non-

malignant Pain)

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
PIZARRO, ANTHONY	49571	MEDICAL			201018724	OBLIGATION(S)
JOSEPH		DOCTOR				SATISFIED

## **Public Complaints**

Name	License	Profession	City	State	Case #	Action Taken
PIZARRO, ANTHONY JOSEPH	49571	MEDICAL DOCTOR			201018724	AC FILED
PIZARRO, ANTHONY JOSEPH	49571	MEDICAL DOCTOR			201018724	AC FILED

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
KARDON, LAURIE ANN M D	SUBORDINATE	MEDICAL DOCTOR	66557	8/9/2016

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

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