



## CARLOS LEVY

### License Number: OS5566

Data As Of 6/9/2025

Profession	Osteopathic Physician
License	OS5566
License Status	CLEAR/Active
Qualifications	Dispensing Practitioner
License Expiration Date	3/31/2026
License Original Issue Date	08/25/1988
Address of Record	2801 Fruitville Road Unit 140 SARASOTA, FL 34237
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Authorized to Order (Medical and Low-THC Cannabis)	Yes
Discipline on File	Yes
Public Complaint	Yes

### Secondary Locations

#### Address

2813 Executive Park Dr. Suite 104  
WESTON, FL 33331

### Discipline/Admin Action

#### Emergency Actions

No Emergency Actions Found

#### Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
LEVY, CARLOS	5566	OSTEOPATHIC PHY	SARASOTA	FL	199960979	OBLIGATIONS IMPOSED
LEVY, CARLOS	5566	OSTEOPATHIC PHY	SARASOTA	FL	200121708	PROBATION SATISFIED
LEVY, CARLOS	5566	OSTEOPATHIC PHY	SARASOTA	FL	200123230	PROBATION SATISFIED
LEVY, CARLOS	5566	OSTEOPATHIC PHY	SARASOTA	FL	200214720	PROBATION SATISFIED
LEVY, CARLOS	5566	OSTEOPATHIC PHY	SARASOTA	FL	200218699	PROBATION SATISFIED
LEVY, CARLOS	5566	OSTEOPATHIC PHY	SARASOTA	FL	200226559	PROBATION SATISFIED

#### Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
LEVY, CARLOS	5566	OSTEOPATHIC PHYSICIAN	SARASOTA	FL	200214720	AC FILED
LEVY, CARLOS	5566	OSTEOPATHIC PHYSICIAN	SARASOTA	FL	200121708	AC FILED

Name	License	Profession	City	State	Case #	Action Taken
LEVY, CARLOS	5566	OSTEOPATHIC PHYSICIAN	SARASOTA	FL	200123230	AC FILED
LEVY, CARLOS	5566	OSTEOPATHIC PHYSICIAN	SARASOTA	FL	200218699	AC FILED
LEVY, CARLOS	5566	OSTEOPATHIC PHYSICIAN	SARASOTA	FL	200226559	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
DAVIS, RANDAL LEE	SUBORDINATE	MEDICAL DOCTOR	110579	2/21/2020
PLEASANTS, TOM ADAIR	SUBORDINATE	OSTEOPATHIC PHYSICIAN	5751	10/15/2020

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

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