



ANTONIO GANDIA

License Number: ME53887

Data As Of 4/20/2026

| | |
|--|---------------------------------------|
| Profession | Medical Doctor |
| License | ME53887 |
| License Status | Clear/Active |
| Qualifications | Dispensing Practitioner |
| License Expiration Date | 1/31/2027 |
| License Original Issue Date | 08/15/1988 |
| Address of Record | 5900 College RD KEY WEST, FL 33040 |
| Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain) | No |
| 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 |
|-----------------|---------|----------------|----------|-------|-----------|-------------------------|
| GANDIA, ANTONIO | 53887 | MEDICAL DOCTOR | KEY WEST | FL | 200728519 | OBLIGATION(S) SATISFIED |

Public Complaints

| Name | License | Profession | City | State | Case # | Action Taken |
|-----------------|---------|----------------|----------|-------|-----------|--------------|
| GANDIA, ANTONIO | 53887 | MEDICAL DOCTOR | KEY WEST | FL | 200728519 | 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.

Supervising Practitioners

| Name | Relationship | Profession | License | Effective Date |
|--------------------------|--------------------------------------|-----------------------|---------|----------------|
| CONNOR, ERIN CRUISE | SUPERVISING PRESCRIBING PRACTITIONER | OSTEOPATHIC PHYSICIAN | 11550 | 08/01/2021 |
| LEVINE, ROBYN | SUPERVISOR | MEDICAL DOCTOR | 145392 | 08/17/2020 |
| VARNER GEARY, JENNA LYNN | SUPERVISOR | OSTEOPATHIC PHYSICIAN | 17656 | 07/01/2021 |

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Subordinate Practitioners

| Name | Relationship | Profession | License | Effective Date |
|----------------------------------|---------------------------------|--------------------------|---------|----------------|
| BOGATIN, RONALD S M D | SUBORDINATE | MEDICAL DOCTOR | 44404 | 7/1/2016 |
| BOGDANOVA, ANNA L | DISPENSING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9105154 | 6/29/2016 |
| BOGDANOVA, ANNA L | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9105154 | 7/19/2016 |
| BRAUNSTEIN, THEODORE | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 2476 | 7/13/2020 |
| CITY OF KEY WEST FIRE DEPARTMENT | SERVICE PROVIDER | EMS SERVICE PROVIDER ALS | 4413 | 1/18/2022 |
| CITY OF MARATHON FIRE RESCUE | SERVICE PROVIDER | EMS SERVICE PROVIDER ALS | 4407 | 12/4/2024 |
| GOMEZ YATES, JESSICA GABRIELLE | DISPENSING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9106649 | 6/27/2016 |
| GOMEZ YATES, JESSICA GABRIELLE | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9106649 | 7/8/2016 |
| GUERRERO, JORGE ALBERT | DISPENSING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9104178 | 6/28/2016 |
| GUERRERO, JORGE ALBERT | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9104178 | 6/28/2016 |
| HARRISON, KRISTIN NICOLE | DISPENSING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9116946 | 1/25/2023 |
| LARATRO, LENA DEMARCO | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9102136 | 4/5/2016 |
| MARGATE FIRE RESCUE | SERVICE PROVIDER | EMS SERVICE PROVIDER ALS | 616 | 1/1/2015 |
| MONROE COUNTY FIRE RESCUE | SERVICE PROVIDER | EMS SERVICE PROVIDER ALS | 4403 | 11/7/2024 |
| NORTH LAUDERDALE FIRE RESCUE | SERVICE PROVIDER | EMS SERVICE PROVIDER ALS | 638 | 2/11/2014 |
| STANLEY, ANTHONY GEORGE MD | DISPENSING PHYSICIAN ASSISTANT | MEDICAL DOCTOR | 77954 | 6/27/2016 |
| STEWART, MARKIRA OLGA | DISPENSING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9107494 | 6/23/2016 |
| STEWART, MARKIRA OLGA | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9107494 | 7/13/2016 |
| SUKHWANI, ARTI V | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9100958 | 7/28/2016 |
| ZAPATA, DARIO HERMAN | DISPENSING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9103082 | 6/23/2016 |
| ZAPATA, DARIO HERMAN | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9103082 | 7/6/2016 |

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Secondary Locations

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