PETER JOSEPH POLACK

License Number: ME57062

Data As Of 12/14/2025

Profession Medical Doctor
License ME57062
License Status Clear/Active

Qualifications Dispensing Practitioner

License Expiration Date 1/31/2026 License Original Issue Date 02/16/1990

Address of Record 4414 SW College Rd

Ste 1462

No

OCALA, FL 34474

Controlled Substance Prescriber (for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

Secondary Locations

Address

11352 N. Williams St. Ste 201A DUNNELLON, FL 34432

Address

1950 Laurel Manor Drive Ste 250 THE VILLAGES, FL 32162

Address

8520 SW HWY 200 OCALA, FL 34481

Address

3330 SW 33RD ROAD OCALA. FL 34474

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.

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