GEORGE ANTHONY FIGUEROA M.D.

License Number: ME60819

Data As Of 6/29/2025

Profession Medical Doctor
License ME60819
License Status Clear/Active
License Expiration Date 1/31/2027
License Original Issue Date 09/27/1991

Address of Record 7600 Bryan Dairy Rd., Ste. D

LARGO, FL 33777

Yes

Controlled Substance Prescriber

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File

Public Complaint

Yes

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 |
|-----------------------------|---------|-------------------|-------|-------|-----------|--|
| FIGUEROA, GEORGE ANTHONY | 60819 | MEDICAL DOCTOR | LARGO | FL | 199952903 | OBLIGATIONS IMPOSED-OTHR PENAL |
| FIGUEROA, GEORGE ANTHONY | 60819 | MEDICAL DOCTOR | LARGO | FL | 200110714 | SATISFIED- SUSPENSION PENALTY STAYED |

Public Complaints

| Name | License | Profession | City | State | Case# | Action Taken |
|-----------------------------|---------|-------------------|-------|-------|-----------|--------------|
| FIGUEROA, GEORGE ANTHONY | 60819 | MEDICAL DOCTOR | LARGO | FL | 200110714 | 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 |
|---------------------|--------------|------------|---------|----------------|
| COLQUITT, CHARLIE W | PHARMACIST | PHARMACIST | 30592 | 2/22/2024 |
| HUA, JAMES | PHARMACIST | PHARMACIST | 47871 | 2/8/2024 |
| JOSEPH, JEFFREY Z | PHARMACIST | PHARMACIST | 56907 | 2/27/2024 |
| ROSS, STEFAN | PHARMACIST | PHARMACIST | 63445 | 3/12/2024 |

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

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