JOHN EARLY KILGORE

License Number: ME61083

Data As Of 8/17/2025

Profession Medical Doctor
License ME61083
License Status Clear/Active

Qualifications Dispensing Practitioner

License Expiration Date 1/31/2027 License Original Issue Date 12/10/1991

Address of Record 430 MORTON PLANT St.

Suite 301

Yes

CLEARWATER, FL 33756

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 |
|---------------------|---------|-------------------|------------|-------|-----------|----------------------------|
| KILGORE, JOHN EARLY | 61083 | MEDICAL DOCTOR | CLEARWATER | FL | 199811740 | FINE |
| KILGORE, JOHN EARLY | 61083 | MEDICAL DOCTOR | CLEARWATER | FL | 201613166 | OBLIGATION(S) SATISFIED |

Public Complaints

| Name | License | Profession | City | State | Case # | Action Taken |
|---------------------|---------|-------------------|------------|-------|-----------|--------------|
| KILGORE, JOHN EARLY | 61083 | MEDICAL DOCTOR | CLEARWATER | FL | 201613166 | 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 |
|------------------------------|---------------------------------|---------------------|------------------------|
| MCMICHAEL, CHRISTOPHER SCOTT | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9105882 12/27/2018 |

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

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