



WILLIAM ERIC CARLSON

License Number: ME67339

Data As Of 4/23/2026

Profession	Medical Doctor
License	ME67339
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2028
License Original Issue Date	11/29/1994
Address of Record	1050 S.E. MONTEREY ROAD SUITE 400 STUART, FL 34994
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

9401 SW DISCOVERY WAY Suite 201
PORT ST. LUCIE, FL 34987

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.

Subordinate Practitioners

Name	Relationship	Profession	Effective License Date
------	--------------	------------	------------------------

Name	Relationship	Profession	License	Effective Date
COBB, TARA ANN	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9101659	7/31/2024
DEMARCO, NICHOLAS ERNEST	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9109406	7/31/2024
FELDMAN, TED MARSHALL	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9113062	7/25/2024
HOLSCHWANDER, DAMIAN	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9117363	6/14/2023
HOLSCHWANDER, DAMIAN	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9117363	6/14/2023
MATHEW, ROYCE THOMAS	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9112762	7/22/2024
MCGANNON, ANDREA NICOLE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9116067	3/12/2024
MUSCARELLA, DARRIN JAMES	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9117971	3/12/2024
PALLATTO, KYM ANGELA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9106272	7/22/2024
REED, JAYCE IAN	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9109221	7/22/2024
RODRIGUEZ, FELIX	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9114185	7/22/2024
SOUTH FLORIDA ORTHOPAEDICS AND SPORTS ME	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT	3641	5/5/2010

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

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.

Secondary Locations

Address

9401 SW DISCOVERY WAY Suite 201
PORT ST. LUCIE, FL 34987

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.

Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
COBB, TARA ANN	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9101659	7/31/2024
DEMARCO, NICHOLAS ERNEST	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9109406	7/31/2024
FELDMAN, TED MARSHALL	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9113062	7/25/2024
HOLSCHWANDER, DAMIAN	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9117363	6/14/2023
HOLSCHWANDER, DAMIAN	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9117363	6/14/2023
MATHEW, ROYCE THOMAS	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9112762	7/22/2024
MCGANNON, ANDREA NICOLE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9116067	3/12/2024
MUSCARELLA, DARRIN JAMES	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9117971	3/12/2024
PALLATTO, KYM ANGELA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9106272	7/22/2024
REED, JAYCE IAN	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9109221	7/22/2024
RODRIGUEZ, FELIX	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9114185	7/22/2024
SOUTH FLORIDA ORTHOPAEDICS AND SPORTS ME	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT	3641	5/5/2010

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

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.