



## JONATHAN MICHAEL ADELBERG

License Number: ME68270

Data As Of 4/20/2026

Profession	Medical Doctor
License	ME68270
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2027
License Original Issue Date	05/08/1995
Address of Record	2424 Frankford Avenue Unit A PANAMA CITY, FL 32405
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Discipline on File	Yes
Public Complaint	Yes

### Secondary Locations

#### Address

707 NW 6th STREET OKEECHOBEE COUNTY FIRE RESCUE  
OKEECHOBEE, FL 34972

### Discipline/Admin Action

#### Emergency Actions

No Emergency Actions Found

#### Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
ADELBERG, JONATHAN MICHAEL	68270	MEDICAL DOCTOR	PANAMA CITY	FL	201816816	OBLIGATION(S) SATISFIED

#### Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
ADELBERG, JONATHAN MICHAEL	68270	MEDICAL DOCTOR	PANAMA CITY	FL	201816816	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
BAVA, KATIE NICOLE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9115736	3/23/2022
LEEDY, ERIC NICHOLS	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9111982	2/21/2019
LEEDY, ERIC NICHOLS	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9111982	2/21/2019
OKEECHOBEE COUNTY FIRE RESCUE	SERVICE PROVIDER	EMS SERVICE PROVIDER ALS	4701	3/26/2019
TREASURE COAST MEDICAL ASSOCIATES	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT	4577	9/13/2011

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

707 NW 6th STREET OKEECHOBEE COUNTY FIRE RESCUE  
OKEECHOBEE, FL 34972

## Discipline/Admin Action

### Emergency Actions

No Emergency Actions Found

### Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
ADELBERG, JONATHAN MICHAEL	68270	MEDICAL DOCTOR	PANAMA CITY	FL	201816816	OBLIGATION(S) SATISFIED

### Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
ADELBERG, JONATHAN MICHAEL	68270	MEDICAL DOCTOR	PANAMA CITY	FL	201816816	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
BAVA, KATIE NICOLE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9115736	3/23/2022
LEEDY, ERIC NICHOLS	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9111982	2/21/2019
LEEDY, ERIC NICHOLS	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9111982	2/21/2019
OKEECHOBEE COUNTY FIRE RESCUE	SERVICE PROVIDER	EMS SERVICE PROVIDER ALS	4701	3/26/2019
TREASURE COAST MEDICAL ASSOCIATES	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT	4577	9/13/2011

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.