



MICHAEL JOSEPH KASTRINOS

License Number: RN9533295

Data As Of 12/22/2024

Profession	Registered Nurse
License	RN9533295
License Status	EMERG SUSPENS/
Qualifications	Single-state License
License Expiration Date	4/30/2025
License Original Issue Date	04/03/2020
Address of Record	2611 SW Dalpina road PORT SAINT LUCIE, FL 34953
Discipline on File	No
Public Complaint	Yes
Alerts	Enforcement Alert 8/14/2024 5:00:03 PM 8/14/2024 Emergency Suspension Order filed. Order of Emergency Restriction of License filed 01/04/2024.

Secondary Locations

No secondary locations found.

Discipline/Admin Action

Emergency Actions

Name	License	Profession	City	County	State	Case #	Action Taken	Action Date
KASTRINOS, MICHAEL	9533295	REGISTERED NURSE	PORT SAINT LUCIE	ST.LUCIE	FL	202319816	ERO ISSUED	01/04/2024
KASTRINOS, MICHAEL	9533295	REGISTERED NURSE	PORT SAINT LUCIE	ST.LUCIE	FL	202322147	ERO ISSUED	01/04/2024
KASTRINOS, MICHAEL	9533295	REGISTERED NURSE	PORT SAINT LUCIE	ST.LUCIE	FL	202416086	ESO ISSUED	08/14/2024

Discipline Cases

No Discipline Found

Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
KASTRINOS, MICHAEL JOSEPH	9533295	REGISTERED NURSE	PORT SAINT LUCIE	FL	202416086	AC FILED
KASTRINOS, MICHAEL JOSEPH	9533295	REGISTERED NURSE	PORT SAINT LUCIE	FL	202319816	AC FILED
KASTRINOS, MICHAEL JOSEPH	9533295	REGISTERED NURSE	PORT SAINT LUCIE	FL	202322147	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.

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.
