



## JOHN A. COTTAM

### License Number: ME72051

Data As Of 7/17/2025

Profession	Medical Doctor
License	ME72051
License Status	Clear/Active
License Expiration Date	1/31/2026
License Original Issue Date	12/19/1996
Address of Record	14310 N DALE MABRY SUITE 180 TAMPA, FL 33618
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Authorized to Order (Medical and Low-THC Cannabis)	Yes
Discipline on File	No
Public Complaint	No

### Secondary Locations

#### Address

12889 Us Hwy 98 W Suite 107-B  
MIRAMAR BEACH, FL 32550

#### Address

5105 MANATEE AVE W #12  
BRADENTON, FL 34209

#### Address

222 MAIN STREET WEST  
BARTOW, FL 33830

#### Address

4051 UPPER CREEK DRIVE SUITE #101  
SUN CITY CENTER, FL 33578

#### Address

741 COUNTY ROAD 466  
LADY LAKE, FL 32159

#### Address

500 VONDERBURG RD SUITE 212W  
BRANDON, FL 33511

#### Address

1032 Mar-Walt Dr. Suite 100  
FORT WALTON BEACH, FL 32547

### 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
KOSIOREK, DAVID JEROME	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9101567	3/1/2025

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.