



## ANTHONY FRANK INFANTE JR

License Number: OS7717

Data As Of 4/23/2026

Profession	Osteopathic Physician
License	OS7717
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	3/31/2028
License Original Issue Date	08/07/1998
Address of Record	991 E. DEL WEBB BLVD SUN CITY CENTER, FL 33573
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

### Secondary Locations

#### Address

560 S. LAKEWOOD DRIVE Ste 101  
BRANDON, FL 33511

### 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.

### Supervising Practitioners

Name	Relationship	Profession	License	Effective Date
MONTANO, JOLENE RENEE	SUPERVISOR	MEDICAL DOCTOR	121001	03/03/2017
PATEL, DELAURA	SUPERVISOR	MEDICAL DOCTOR	128568	03/02/2017

Name	Relationship	Profession	License	Effective Date
PATEL, NIRAJ VANRAJ MD	SUPERVISOR	MEDICAL DOCTOR	95114	03/03/2017

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

## Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
FLORIDA ORTHOPAEDIC INSTITUTE	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT	3301	2/5/2010
MICHAEL, HALEY	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9119684	11/3/2025

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