



## PETER V CHOY

License Number: ME74815

Data As Of 11/25/2024

Profession	Medical Doctor
License	ME74815
License Status	CLEAR/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2025
License Original Issue Date	12/30/1997
Address of Record	2483 Quail Roost Drive WESTON, FL 33127
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Discipline on File	Yes
Public Complaint	Yes

## Secondary Locations

### Address

450 W HILLSBORO BLVD  
DEERFIELD BEACH, FL 33441

## Discipline/Admin Action

### Emergency Actions

No Emergency Actions Found

### Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
CHOY, PETER V	74815	MEDICAL DOCTOR	WESTON	FL	199957324	FINE AND REPRIMAND
CHOY, PETER V	74815	MEDICAL DOCTOR	WESTON	FL	201111189	SUSPENSION SATISFIED

### Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
CHOY, PETER V	74815	MEDICAL DOCTOR	WESTON	FL	201111189	AC FILED
CHOY, PETER V	74815	MEDICAL DOCTOR	WESTON	FL	201111189	AC FILED
CHOY, PETER V	74815	MEDICAL DOCTOR	WESTON	FL	201111189	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

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
ALMOSHAIKAH, SARAH	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9113982 6/16/2021
DE MELO, CHRISTIANE MONTANARI TAYAH	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9114854 10/13/2021
DE MELO, CHRISTIANE MONTANARI TAYAH	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9114854 10/13/2021
PETER V. CHOY MD LLC	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT	2473 10/23/2009
TORRE, ADOLFO NOEL	PHARMACIST	PHARMACIST	40009 6/2/2023
WINCHESTER, LIAM JAY	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9117745 10/25/2023

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

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