



## EDUARDO TOMAS WEISS

License Number: ME75865

Data As Of 5/1/2026

Profession	Medical Doctor
License	ME75865
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2028
License Original Issue Date	05/28/1998
Address of Record	3850 HOLLYWOOD BLVD SUITE 301 HOLLYWOOD, FL 33021
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	Yes
Public Complaint	Yes

### Secondary Locations

**Address**

9050 Pines Blvd Suite 200  
PEMBROKE PINES, FL 33024

**Address**

34070 NW 82 Ave Suite 111  
DORAL, FL 33122

**Address**

1250 E. HALLANDALE BCH BLVD #800  
HALLANDALE, FL 33009

**Address**

3000 SW 148th AVE #250  
MIRAMAR, FL 33027

### Discipline/Admin Action

#### Emergency Actions

No Emergency Actions Found

#### Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
WEISS, EDUARDO TOMAS	75865	MEDICAL DOCTOR	HOLLYWOOD	FL	201400286	OBLIGATION(S) SATISFIED

#### Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
WEISS, EDUARDO TOMAS	75865	MEDICAL DOCTOR	HOLLYWOOD	FL	201400286	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
CHARRON-MUSKAT, NANCY ANN	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9102954	12/14/2018
CHARRON-MUSKAT, NANCY ANN	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9102954	12/14/2018
PAKNIS, ASHLEE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9115714	9/10/2025

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.

## Secondary Locations

### Address

9050 Pines Blvd Suite 200  
PEMBROKE PINES, FL 33024

### Address

34070 NW 82 Ave Suite 111  
DORAL, FL 33122

### Address

1250 E. HALLANDALE BCH BLVD #800  
HALLANDALE, FL 33009

### Address

3000 SW 148th AVE #250  
MIRAMAR, FL 33027

## Discipline/Admin Action

### Emergency Actions

No Emergency Actions Found

### Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
WEISS, EDUARDO TOMAS	75865	MEDICAL DOCTOR	HOLLYWOOD	FL	201400286	OBLIGATION(S) SATISFIED

### Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
WEISS, EDUARDO TOMAS	75865	MEDICAL DOCTOR	HOLLYWOOD	FL	201400286	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
CHARRON-MUSKAT, NANCY ANN	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9102954	12/14/2018
CHARRON-MUSKAT, NANCY ANN	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9102954	12/14/2018
PAKNIS, ASHLEE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9115714	9/10/2025

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.