



## JOHN PAUL FEZZA

### License Number: ME76288

Data As Of 4/23/2026

Profession	Medical Doctor
License	ME76288
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2027
License Original Issue Date	07/14/1998
Address of Record	2601 S Tamiami Trail SARASOTA, FL 34239
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

### Secondary Locations

#### Address

Aesthetic Lounge and Spa 9130 Town Center Pkwy; Suite 101  
LAKEWOOD RANCH, FL 34202

#### Address

1370 E VENICE AVE SUITE 205  
VENICE, FL 34285

#### Address

8224 S Tamiami Trail  
SARASOTA, FL 34238

#### Address

556 PINEAPPLE AVENUE SUITE C L Spa  
SARASOTA, FL 34236

#### Address

1531 South Tamiami Trail #703 Hydration Market  
VENICE, FL 34285

#### Address

1345 2nd Street The Laser Lounge Spa  
SARASOTA, FL 34236

#### Address

Aesthetic Lounge and Spa 1172 Jacaranda Blvd.  
VENICE, FL 34292

#### Address

LUX Medspa and Wellness Center 3260 Fruitville Rd. Unit C  
SARASOTA, FL 34237

### 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
AESTHETICS LOUNGE AND SPA	ELECTROLYSIS FACILITIES	ELECTROLYSIS FACILITY	1745	10/15/2024
AESTHETICS LOUNGE AND SPA	ELECTROLYSIS FACILITIES	ELECTROLYSIS FACILITY	1744	10/15/2024
ALLISON, BETH FRANCES	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	2639	3/31/2025
DERMANI MEDSPA OF SARASOTA	ELECTROLYSIS FACILITIES	ELECTROLYSIS FACILITY	1780	12/11/2024
KOSEK, KALIE MARIE	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9108019	1/6/2017
KOSEK, KALIE MARIE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9108019	9/15/2016
REIDY, LAURA CORTELYOU	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9115411	12/2/2024
SMITH, ARIS	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9117015	1/5/2026
WELKE, ANGELA MARIE	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9113682	10/27/2025
WELKE, ANGELA MARIE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9113682	10/27/2025

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