



ALVARO JOSE JARQUIN

License Number: ME78476

Data As Of 6/28/2025

Profession	Medical Doctor
License	ME78476
License Status	Clear/Active
License Expiration Date	1/31/2027
License Original Issue Date	07/08/1999
Address of Record	5100 WEST KENNEDY BLVD suite 180 TAMPA, FL 33609
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Discipline on File	Yes
Public Complaint	Yes

Secondary Locations

No secondary locations found.

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
JARQUIN, ALVARO JOSE	78476	MEDICAL DOCTOR	TAMPA	FL	201218050	OBLIGATION(S) SATISFIED
JARQUIN, ALVARO JOSE	78476	MEDICAL DOCTOR	TAMPA	FL	201402807	OBLIGATION(S) SATISFIED
JARQUIN, ALVARO JOSE	78476	MEDICAL DOCTOR	TAMPA	FL	201702769	OBLIGATION(S) SATISFIED

Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
JARQUIN, ALVARO JOSE	78476	MEDICAL DOCTOR	TAMPA	FL	201218050	AC FILED
JARQUIN, ALVARO JOSE	78476	MEDICAL DOCTOR	TAMPA	FL	201402807	AC FILED
JARQUIN, ALVARO JOSE	78476	MEDICAL DOCTOR	TAMPA	FL	201702769	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
VERMA, INDRAJIT	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9100631	6/5/2023

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

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