



LUIS ARIEL ORTIZ

License Number: ACN563

Data As Of 4/24/2026

Profession	Area of Critical Need Medical Doctor
License	ACN563
License Status	Clear/Active
License Expiration Date	1/31/2028
License Original Issue Date	05/09/2014
Address of Record	1931 Tamiami Trail Suite 4-6 PORT CHARLOTTE, FL 33948
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

1509 W Reynolds Street
PLANT CITY, FL 33563

Address

6836 Medical View Lane
ZEPHYRHILLS, FL 33542

Address

37235 Medical Drive
DADE CITY, FL 33525

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
MALLORY, NATOHYA YVONNE	PHARMACIST	PHARMACIST	44910	10/9/2025

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

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