Florida HEALTH Department of Health

# BAOHUA ZHANG

## License Number: MA74563

*Data As Of 11/24/2026*

| | |
|---|---|
| Profession | Massage Therapist |
| License | MA74563 |
| License Status | Revoked/ |
| License Expiration Date | 8/31/2027 |
| License Original Issue Date | 10/30/2013 |
| Address of Record | If further information is needed, please contact the Department of Health at (850) 488-0595. |
| Discipline on File | Yes |
| Public Complaint | Yes |

## Secondary Locations

No secondary locations found.

## Discipline/Admin Action

### Emergency Actions

| Name | License | Profession | City | County | State | Case # | Action Taken | Action Date |
|---|---|---|---|---|---|---|---|---|
| ZHANG, BAOHUA | 74563 | MASSAGE THERAPIST | WINTER HAVEN | POLK | FL | 202447144 | ESO ISSUED | 01/07/2025 |

### Discipline Cases

| Name | License | Profession | City | State | Case # | Action Taken |
|---|---|---|---|---|---|---|
| ZHANG, BAOHUA | 74563 | MASSAGE THERAPI | WINTER HAVEN | FL | 202524783 | REVOCATION |

### Public Complaints

| Name | License | Profession | City | State | Case # | Action Taken |
|---|---|---|---|---|---|---|
| ZHANG, BAOHUA | 74563 | MASSAGE THERAPIST | WINTER HAVEN | FL | 202338085 | AC FILED |
| ZHANG, BAOHUA | 74563 | MASSAGE THERAPIST | WINTER HAVEN | FL | 202447144 | AC FILED |
| ZHANG, BAOHUA | 74563 | MASSAGE THERAPIST | WINTER HAVEN | FL | 202540480 | AC FILED |
| ZHANG, BAOHUA | 74563 | MASSAGE THERAPIST | WINTER HAVEN | FL | 202524783 | 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.

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.

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