



## JONATHAN TROY KUDROWITZ

License Number: PA9105136

Data As Of 4/21/2026

Profession	Physician Assistant
License	PA9105136
License Status	Clear/Active
Qualifications	Prescribing
License Expiration Date	1/31/2028
License Original Issue Date	09/03/2009
Address of Record	1007 WEST COMMERCIAL BLVD. Concentra FT LAUDERDALE, FL 33309
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

### Secondary Locations

[Address](#)

12170 West Sunrise Blvd  
PLANTATION, FL 33323

[Address](#)

311 South Cypress Road Concentra  
POMPANO BEACH, FL 33060

[Address](#)

4455 Medical Center Way Concentra  
WEST PALM BCH, FL 33407

[Address](#)

12170 West Sunrise Blvd Concentra  
SUNRISE, FL 33323

[Address](#)

1347 South Andrews Avenue Concentra  
FORT LAUDERDALE, FL 33316

[Address](#)

141 MW 20th Street Suite C9 Concentra  
BOCA RATON, FL 33431

[Address](#)

4455 Medical Center Way Concentra  
WEST PALM BCH, FL 33407

[Address](#)

12170 W. Sunrise Blvd Concentra  
PLANTATION, FL 33323

### 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.

## Supervising Practitioners

Name	Relationship	Profession	License	Effective Date
MARTIN, GERARD J	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	114724	03/27/2023

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

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