



TOMMIE L JAMES

License Number: MA84472

Data As Of 12/22/2024

Profession: Massage Therapist
 License: MA84472
 License Status: EMERG RESTRICT/Active
 License Expiration Date: 8/31/2025
 License Original Issue Date: 12/13/2016
 Address of Record: 8512cooper creek bld
 UNIVERSITY PARK, FL 34201
 Discipline on File: No
 Public Complaint: Yes
 Alerts: Enforcement Alert
 3/29/2024 5:10:29 PM
 Emergency Restriction Order filed 03/29/2024.

Secondary Locations

No secondary locations found.

Discipline/Admin Action

Emergency Actions

| Name | License | Profession | City | County | State | Case # | Action Taken | Action Date |
|---------------|---------|-------------------|-----------------|---------|-------|-----------|--------------|-------------|
| JAMES, TOMMIE | 84472 | MASSAGE THERAPIST | UNIVERSITY PARK | MANATEE | FL | 202411549 | ERO ISSUED | 03/29/2024 |

Discipline Cases

No Discipline Found

Public Complaints

| Name | License | Profession | City | State | Case # | Action Taken |
|-----------------|---------|-------------------|-----------------|-------|-----------|--------------|
| JAMES, TOMMIE L | 84472 | MASSAGE THERAPIST | UNIVERSITY PARK | FL | 202411549 | 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.
