



ALBERT ESMAILZADEH

License Number: ME97134

Data As Of 8/16/2025

Profession	Medical Doctor
License	ME97134
License Status	Revoked/
License Expiration Date	1/31/2015
License Original Issue Date	10/11/2006
Address of Record	If further information is needed, please contact the Department of Health at (850) 488-0595.
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
ESMAILZADEH, ALBERT	97134	MEDICAL DOCTOR	VIERA	FL	201119645	REVOCATION
ESMAILZADEH, ALBERT	97134	MEDICAL DOCTOR	VIERA	FL	201301147	REVOCATION
ESMAILZADEH, ALBERT	97134	MEDICAL DOCTOR	VIERA	FL	201305174	REVOCATION
ESMAILZADEH, ALBERT	97134	MEDICAL DOCTOR	VIERA	FL	201305884	REVOCATION

Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
ESMAILZADEH, ALBERT	97134	MEDICAL DOCTOR	VIERA	FL	201305884	AC FILED
ESMAILZADEH, ALBERT	97134	MEDICAL DOCTOR	VIERA	FL	201119645	AC FILED
ESMAILZADEH, ALBERT	97134	MEDICAL DOCTOR	VIERA	FL	201119645	AC FILED
ESMAILZADEH, ALBERT	97134	MEDICAL DOCTOR	VIERA	FL	201301147	AC FILED
ESMAILZADEH, ALBERT	97134	MEDICAL DOCTOR	VIERA	FL	201301147	AC FILED
ESMAILZADEH, ALBERT	97134	MEDICAL DOCTOR	VIERA	FL	201305174	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.
