GLENN A. KWIAT MD

License Number: ME100907

Data As Of 11/27/2025

Profession Medical Doctor
License ME100907
License Status Clear/Active

Qualifications Dispensing Practitioner

License Expiration Date 1/31/2028
License Original Issue Date 01/30/2008

Address of Record 3301 W. Gandy Blvd TAMPA, FL 33611

No

Controlled Substance Prescriber (for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

Secondary Locations

Address

42040 Cypress Parkway PUNTA GORDA, FL 33982

Address

2703 Forest Road SPRING HILL, FL 34606

Address

13531 State Road 54 ODESSA, FL 33556

Address

4949 4th Street North

SAINT PETERSBURG, FL 33703

Address

6182 N US Highway 41 APOLLO BEACH, FL 33572

Address

40545 US Highway 19 N Unit A TARPON SPRINGS, FL 34689

Address

5464 Lithia Pinecrest Drive

LITHIA, FL 33547

Address

564 Channelside Drive TAMPA, FL 33602

Address

16521 US Highway 301S SUN CITY CENTER, FL 33573

Address

799 W. Lumsden Road BRANDON, FL 33511

Address

3251 66th Street North

SAINT PETERSBURG, FL 33710

Address

7601 Seminole Boulevard

SEMINOLE, FL 33772

Address

303 W. Palm Avenue

TAMPA, FL 33602

Address

11406 US Highway 301 S

RIVERVIEW, FL 33578

Address

4505 Gunn Highway

TAMPA, FL 33624

Address

11969 Sheldon Road

TAMPA, FL 33626

Address

5504 Gateway Blvd

WESLEY CHAPEL, FL 33544

Address

2810 West Martin Luther King Jr Boulevard

TAMPA, FL 33607

Address

13856 North Dale Mabry Highway

TAMPA, FL 33618

Address

22945 State Road 54

LUTZ, FL 33549

Address

19027 Wingshooter Way

LUTZ, FL 33558

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
ANIELLO, KORINA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9111950	11/26/2019
DODSON, KATE ELIZABETH	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9112338	5/17/2021
DODSON, KATE ELIZABETH	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9112338	11/23/2020
LONSWAY, DANIELLE TELHIARD	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9112572	5/17/2021

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

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