



## EMAD ISMAEL ATTA

License Number: ME102841

Data As Of 8/4/2025

Profession	Medical Doctor
License	ME102841
License Status	Disc Relinquish/
License Expiration Date	1/31/2025
License Original Issue Date	09/17/2008
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
ATTA, EMAD ISMAEL	102841	MEDICAL DOCTOR	LAKE CITY	FL	201400923	OBLIGATION(S) SATISFIED
ATTA, EMAD ISMAEL	102841	MEDICAL DOCTOR	LAKE CITY	FL	201414769	OBLIGATION(S) SATISFIED
ATTA, EMAD ISMAEL	102841	MEDICAL DOCTOR	LAKE CITY	FL	202229565	VOLUNTARY SURRENDER

### Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
ATTA, EMAD ISMAEL	102841	MEDICAL DOCTOR	LAKE CITY	FL	201400923	AC FILED
ATTA, EMAD ISMAEL	102841	MEDICAL DOCTOR	LAKE CITY	FL	202229565	AC FILED
ATTA, EMAD ISMAEL	102841	MEDICAL DOCTOR	LAKE CITY	FL	201414769	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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