



## THOMAS G GRASSO

License Number: MA14343

Data As Of 1/22/2025

Profession	Massage Therapist
License	MA14343
License Status	DISCP RELINQ/
License Expiration Date	8/31/2021
License Original Issue Date	01/29/1993
Address of Record	If further information is needed, please contact the Department of Health at (850) 488-0595.
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
GRASSO, THOMAS G	14343	MASSAGE THERAPI	TITUSVILLE	FL	201417672	OBLIGATIONS IMPOSED
GRASSO, THOMAS G	14343	MASSAGE THERAPI	TITUSVILLE	FL	202032693	VOLUNTARY SURRENDER
GRASSO, THOMAS G	14343	MASSAGE THERAPI	TITUSVILLE	FL	202032694	VOLUNTARY SURRENDER
GRASSO, THOMAS G	14343	MASSAGE THERAPI	TITUSVILLE	FL	202033593	VOLUNTARY SURRENDER
GRASSO, THOMAS G	14343	MASSAGE THERAPI	TITUSVILLE	FL	202036758	VOLUNTARY SURRENDER

#### Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
GRASSO, THOMAS G	14343	MASSAGE THERAPIST	TITUSVILLE	FL	202036758	AC FILED
GRASSO, THOMAS G	14343	MASSAGE THERAPIST	TITUSVILLE	FL	202032694	AC FILED
GRASSO, THOMAS G	14343	MASSAGE THERAPIST	TITUSVILLE	FL	202033593	AC FILED
GRASSO, THOMAS G	14343	MASSAGE THERAPIST	TITUSVILLE	FL	201417672	AC FILED
GRASSO, THOMAS G	14343	MASSAGE THERAPIST	TITUSVILLE	FL	202032693	AC FILED

## 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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