Florida HEALTH Department of Health

THOMAS G GRASSO

License Number: MA14343

Data As Of 10/16/2026

Profession	Massage Therapist
License	MA14343
License Status	Disc Relinquish/
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	202036758	VOLUNTARY SURRENDER
GRASSO, THOMAS G	14343	MASSAGE THERAPI	TITUSVILLE	FL	202032694	VOLUNTARY SURRENDER
GRASSO, THOMAS G	14343	MASSAGE THERAPI	TITUSVILLE	FL	202033593	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
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GRASSO, THOMAS G	14343	MASSAGE THERAPIST	TITUSVILLE	FL	202032693	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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