



## PAUL GREGORY SWARTZ

License Number: ME101743

Data As Of 6/15/2025

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| Profession   | Medical Doctor                           |
| License  | ME101743                                 |
| License Status   | CLEAR/Active                             |
| License Expiration Date  | 1/31/2026                                |
| License Original Issue Date  | 05/28/2008                               |
| Address of Record  | 4516 N ARMENIA AVENUE<br>TAMPA, FL 33603 |
| Controlled Substance Prescriber<br>(for the Treatment of Chronic Non-<br>malignant Pain) | No                                       |
| Discipline on File   | No                                       |
| Public Complaint   | No                                       |

## Secondary Locations

### Address

711 S. Dale Mabry Hwy Suite 101  
TAMPA, FL 33609

### Address

3003 W. MLK BLVD.  
TAMPA, FL 33607

### Address

4091 VAN DYKE RD.  
LUTZ, FL 33558

### Address

12780 RACE TRACK RD.  
TAMPA, FL 33626

### Address

18600 Fernview Street Suite 101  
LAND O LAKES, FL 34638

### Address

6901 Simmons Loop  
RIVERVIEW, FL 33578

## 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.

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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