



JAZBEEN MAHMOOD

License Number: ME105145

Data As Of 5/23/2026

Profession	Medical Doctor
License	ME105145
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2027
License Original Issue Date	07/16/2009
Address of Record	29335 US HWY 19 N CLEARWATER, FL 33761
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

400 1st street N
WINTER HAVEN, FL 33881

Address

13670 Walsingham Rd
LARGO, FL 33774

Address

1155 S. Dale Mabry Hwy, Ste 7
TAMPA, FL 33629

Address

4821 US Hwy , Suite 5
NEW PORT RICHEY, FL 34652

Address

3351 N McMullen Booth Rd
CLEARWATER, FL 33761

Address

3440 W. Dr MLK Blvd #100
TAMPA, FL 33607

Address

10125 Big Bend Rd
RIVERVIEW, FL 33578

Address

36245 US Hwy 27
HAINES CITY, FL 33844

Address

6455 Gulf Blvd
HAINES CITY, FL 33844

Address

2331 4th Street North
SAINT PETERSBURG, FL 33704

Address

711 S Belcher Road
CLEARWATER, FL 33764

Address

18610 Fern View st
LAND O LAKES, FL 34638

[Address](#)

11921 N. Dale Mabry Hwy, Ste 7
CARROLLWOOD, FL 33618

[Address](#)

11178 State Road 54, Suite B
TRINITY, FL 34655

[Address](#)

17152 Donna Michelle Drive Sui
TAMPA, FL 33647

[Address](#)

1599 66th Street N
SAINT PETERSBURG, FL 33710

[Address](#)

244 bloomingdale ave
VALRICO, FL 33596

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.

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