



VICTOR DAMASO CRUZ

License Number: ME117105

Data As Of 4/21/2026

Profession	Medical Doctor
License	ME117105
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2028
License Original Issue Date	08/01/2013
Address of Record	109 N 12th STE 1105 TAMPA, FL 33602
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Discipline on File	Yes
Public Complaint	Yes

Secondary Locations

Address

2107 W Cass St Suite A
TAMPA, FL 33606

Address

12017 Cortez Blvd
BROOKSVILLE, FL 34613

Address

1714 Sw 17th St
OCALA, FL 34471

Address

2750 South Kanner Highway
STUART, FL 34994

Address

1021 North State Road 7
ROYAL PALM BEACH, FL 33411

Address

4520 Donald Ross Road Suite 100
PALM BEACH GARDENS, FL 33418

Address

1809 N University Drive
CORAL SPRINGS, FL 33071

Address

19090 State Road 7
BOCA RATON, FL 33498

Address

7593 Boynton Beach Blvd Suite 190
BOYNTON BEACH, FL 33437

Address

12375 South Cleveland Avenue
FORT MYERS, FL 33907

Address

960 W Sugarland Hwy
CLEWISTON, FL 33440

Address

313 SW Pine Island Rd
CAPE CORAL, FL 33991

[Address](#)

19985q South Tamiami Trail
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1120 Homestead Road North
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11985 Atlantic Blvd
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2810 West MLK Blvd
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7720 Merrill Road
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3700 US Hwy 98 N Suite 101
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528 SE Osceola St Suite 1B

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1640 Central Ave

SAINT PETERSBURG, FL 33712

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
CRUZ, VICTOR DAMASO	117105	MEDICAL DOCTOR	TAMPA	FL	202220810	OBLIGATION(S) SATISFIED

Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
CRUZ, VICTOR DAMASO	117105	MEDICAL DOCTOR	TAMPA	FL	202220810	AC FILED

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[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.

Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
BRUCE, SHARON MELINDA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9102165	12/18/2024
CARILLI, DONNA MARY	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9119304	10/9/2025
COFFEE, JODIANNE CHRISTINE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9111227	1/23/2020
DISMUKES, TAMARA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9109274	2/17/2020
EMBRY, RACHEL LOUISE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9104102	8/1/2021
FELDMAN, TRAVIS SCOTT	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9110309	1/23/2020
FLORES, VIRGINIA EVE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9117630	2/18/2025
GRIFFITH, JANELLE D'ANGELA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9104409	1/23/2020
KOLOVRAT, FRANK	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9113143	6/14/2025
MCDOWELL, MARTIN ROBERT	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9117493	6/14/2025
MULLER, MARK PAUL	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9101634	2/17/2020

Name	Relationship	Profession	License	Effective Date
SCHRYVER, MICHELE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9102715	1/23/2020
STANLEY, TABITHA CHARLESTON	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9107584	2/3/2021

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