



## ANNA EDOUARDOVNA VARLAMOV

### License Number: ME119207

Data As Of 12/13/2025

Profession	Medical Doctor
License	ME119207
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2026
License Original Issue Date	03/24/2014
Address of Record	11500 University Blvd Ste B ORLANDO, FL 32817
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

### Secondary Locations

#### Address

6440 W. Newberry Rd suite 508  
GAINESVILLE, FL 32605

#### Address

1233 NW 10th Ave  
GAINESVILLE, FL 32601

#### Address

6418 Commerce Park Drive  
FORT MYERS, FL 33966

#### Address

610 Oak Commons Blvd  
KISSIMMEE, FL 34741

#### Address

2250 East Edgewood Drive  
LAKELAND, FL 33803

#### Address

1425 Creech Road  
NAPLES, FL 34103

#### Address

736 Central Avenue  
SARASOTA, FL 34236

#### Address

33 6th Street S Ste 110  
SAINT PETERSBURG, FL 33701

#### Address

236 E Bearss Avenue  
TAMPA, FL 33613

#### Address

8068 N 56th Street  
TAMPA, FL 33617

### 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.

Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
BEHRMANN, DONALD LEE	SUBORDINATE	MEDICAL DOCTOR	64819	7/18/2017

Click on the License Number to view License Details for that Practitioner

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