



VINCENT JOSEPH MONTICCIOLO

License Number: DN14899

Data As Of 5/14/2026

Profession	Dentist
License	DN14899
License Status	Clear/Active
Qualifications	Moderate Sedation
License Expiration Date	2/28/2028
License Original Issue Date	07/10/1998
Address of Record	1370 Main Street DUNEDIN, FL 34698
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	Yes
Public Complaint	Yes

Secondary Locations

[Address](#)

5139 LITTLE ROAD
NEW PORT RICHEY, FL 34655

[Address](#)

11195 County Line Road
SPRING HILL, FL 34606

[Sedation Location](#)

9105 Town Center Parkway
LAKEWOOD RANCH, FL 34202

[Sedation Location](#)

3203 Lithia Pinecrest Rd.
VALRICO, FL 33596

[Sedation Location](#)

14030 US 19 North
HUDSON, FL 34667

[Sedation Location](#)

8381 Seminole Blvd.
SEMINOLE, FL 33772

[Sedation Location](#)

310 W. Alexander Street
PLANT CITY, FL 33563

[Sedation Location](#)

2301 Collier Parkway
LAND O LAKES, FL 34639

[Sedation Location](#)

5139 LITTLE ROAD
NEW PORT RICHEY, FL 34655

[Sedation Location](#)

40668 US 19
TARPON SPRINGS, FL 34689

[Sedation Location](#)

11195 County Line Road
SPRING HILL, FL 34606

[Sedation Location](#)

8327 W. HILLSBOROUGH AVE.
TAMPA, FL 33615

[Sedation Location](#)

4850 1st Ave. N
SAINT PETERSBURG, FL 33713

[Sedation Location](#)

1370 Main Street
DUNEDIN, FL 34698

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
MONTICCILOLO, VINCENT JOSEPH	14899	DENTIST	DUNEDIN	FL	200602450	DISCIPLINARY CITATION ISSUED
MONTICCILOLO, VINCENT JOSEPH	14899	DENTIST	DUNEDIN	FL	200621870	OBLIGATION(S) SATISFIED
MONTICCILOLO, VINCENT JOSEPH	14899	DENTIST	DUNEDIN	FL	200737768	OBLIGATION(S) SATISFIED

Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
MONTICCILOLO, VINCENT JOSEPH	14899	DENTAL	DUNEDIN	FL	200737768	AC FILED
MONTICCILOLO, VINCENT JOSEPH	14899	DENTAL	DUNEDIN	FL	200621870	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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