



## ZAIN TARIQ

License Number: ME133236

Data As Of 4/20/2026

|  |  |
|--|--|
| Profession   | Medical Doctor                               |
| License  | ME133236                                     |
| License Status   | Clear/Active                                 |
| License Expiration Date  | 1/31/2027                                    |
| License Original Issue Date  | 07/07/2017                                   |
| Address of Record  | 1200 7th Ave N<br>SAINT PETERSBURG, FL 33705 |
| Controlled Substance Prescriber<br>(for the Treatment of Chronic Non-malignant Pain) | No   |
| Discipline on File   | No   |
| Public Complaint   | No   |

## Secondary Locations

### Address

1 Tampa General Circle  
TAMPA, FL 33606

### Address

10461 Quality Dr,  
SPRING HILL, FL 34609

### Address

6201 N Suncoast Blvd  
CRYSTAL RIVER, FL 34428

### Address

907 W Norvell Bryant Hwy  
HERNANDO, FL 34442

### Address

17240 Cortez Blvd  
BROOKSVILLE, FL 34601

## 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 |
|--------------------------|---------------------------------|---------------------|---------|----------------|
| GONZALEZ, JAVIER IGNACIO | SUBORDINATE                     | MEDICAL DOCTOR      | 107827  | 5/1/2020       |
| POST, CYNTHIA SUE        | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 3617    | 8/13/2019      |
| SAINT-HILAIRE, REGINALD  | SUBORDINATE                     | MEDICAL DOCTOR      | 123697  | 11/1/2020      |

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

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