



JASON ALEXANDER PEKLINSKY

License Number: ME156035

Data As Of 4/24/2026

Profession	Medical Doctor
License	ME156035
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2028
License Original Issue Date	04/07/2022
Address of Record	807 North Myrtle Avenue CLEARWATER, FL 33755
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

Secondary Locations

[Address](#)

11921 N. Dale Mabry HWY, STE 7
CARROLLWOOD, FL 33618

[Address](#)

711 S Belcher rd
CLEARWATER, FL 33764

[Address](#)

3351 N McMullen Booth Rd
CLEARWATER, FL 33761

[Address](#)

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

[Address](#)

2331 4th St North
SAINT PETERSBURG, FL 33704

[Address](#)

4821 US HWY 19, Suite 5
NEW PORT RICHEY, FL 34652

[Address](#)

17152 Donna Michelle Dr, Ste 5
TAMPA, FL 33647

[Address](#)

1155 S. Dale mabry HWY, STE 7
TAMPA, FL 33629

[Address](#)

1599 66th St N
SAINT PETERSBURG, FL 33710

[Address](#)

18610 Fern View St
LAND O LAKES, FL 34638

[Address](#)

13670 Walsingham Rd
LARGO, FL 33774

[Address](#)

11178 State Road 54, Suite B
NEW PORT RICHEY, FL 34655

[Address](#)

36245 US HWY 27
HAINES CITY, FL 33844

[Address](#)

400 1st St. N
WINTER HAVEN, FL 33881

[Address](#)

244 Bloomingdale Ave
VALRICO, FL 33596

[Address](#)

10125 Big Bend Rd
RIVERVIEW, FL 33578

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
JOHNS, TRACY L	PHARMACIST	PHARMACIST	26842	8/29/2022

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

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