Florida HEALTH Department of Health

THOMAS J SHAKNOVSKY

License Number: OS16658

Data As Of 11/10/2026

Profession	Osteopathic Physician
License	OS16658
License Status	Retired/
License Expiration Date	3/31/2026
License Original Issue Date	04/01/2020
Address of Record	No current practice location in Florida - If further information is needed, please contact the Department of Health at (850) 488-0595.
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	Yes
Alerts	Enforcement Alert 9/24/2024 4:44:25 PM Emergency Suspension Order filed 09/24/2024.

Secondary Locations

No secondary locations found.

Discipline/Admin Action

Emergency Actions

Name	License	Profession	City	County	State	Case #	Action Taken	Action Date
SHAKNOVSKY, THOMAS	16658	OSTEOPATHIC PHYSICIAN	DESTIN	OKALOOSA	FL	202438135	ESO ISSUED	09/24/2024
SHAKNOVSKY, THOMAS	16658	OSTEOPATHIC PHYSICIAN	DESTIN	OKALOOSA	FL	202438038	ESO ISSUED	09/24/2024
SHAKNOVSKY, THOMAS	16658	OSTEOPATHIC PHYSICIAN	DESTIN	OKALOOSA	FL	202438135	ESO ISSUED	09/24/2024
SHAKNOVSKY, THOMAS	16658	OSTEOPATHIC PHYSICIAN	DESTIN	OKALOOSA	FL	202438038	ESO ISSUED	09/24/2024

Discipline Cases

No Discipline Found

Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
SHAKNOVSKY, THOMAS J	16658	OSTEOPATHIC PHYSICIAN	DESTIN	FL	202438038	AC FILED
SHAKNOVSKY, THOMAS J	16658	OSTEOPATHIC PHYSICIAN	DESTIN	FL	202438135	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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