



JOSE MANUEL ALMANZAR

License Number: PA3284

Data As Of 12/23/2024

Profession	Physician Assistant
License	PA3284
License Status	CLEAR/Active
Qualifications	Prescribing Dispensing Practitioner
License Expiration Date	1/31/2026
License Original Issue Date	02/10/1997
Address of Record	3164 PALM BEACH BLVD FORT MYERS, FL 33916
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

Secondary Locations

No secondary locations found.

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.

Supervising Practitioners

Name	Relationship	Profession	License	Effective Date
DATTILA, ANDREW	SUPERVISING PRESCRIBING PRACTITIONER	OSTEOPATHIC PHYSICIAN	17186	08/01/2023
FARKAS, SOL STEPHEN MD	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	118657	02/20/2020
MCGANN, ROBERT CHARLES	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	68636	08/22/2017

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

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