# **ELIZABETH KATELYN CURTIS**

# License Number: PA9116140

Data As Of 12/13/2025

Profession Physician Assistant

License PA9116140
License Status Clear/Active
Qualifications Prescribing
License Expiration Date 1/31/2026
License Original Issue Date 07/05/2022

Address of Record 35 Harbor Oaks Cir

SAFETY HARBOR, FL 34695

Controlled Substance Prescriber Yes

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

# **Secondary Locations**

#### Address

549 SKY HARBOUR DR HARBOURWOOD CARE CENTER CLEARWATER, FL 33759

#### Address

100 24TH ST N APOLLO HEALTH AND REHABILITIATION CENTER SAINT PETERSBURG, FL 33713

#### Address

7501 38TH AVE N ALHAMBRA HEALTH AND REHABILITATION CENTE SAINT PETERSBURG, FL 33710

# Address

521 ATWOOD AVE N ST PETERSBURG NURSING AND REHABILITATION SAINT PETERSBURG, FL 33702

#### Address

7101 DR MLK JR ST N ABBEY REHABILITATION AND NURSING CENTER SAINT PETERSBURG, FL 33702

### Address

6300 46TH AVE N LEXINGTON HEALTH AND REHABILITATION CENT KENNETH CITY. FL 33709

#### Address

9035 BRYAN DAIRY RD BARDMOOR OAKS HEALTHCARE AND REHAB CENTE LARGO, FL 33777

# Discipline/Admin Action

# **Emergency Actions**

No Emergency Actions Found

# **Discipline Cases**

No Discipline Found

# **Public Complaints**

No Public Complaint Found

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
DAVILA-RIVERA, ALFREDO	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	121326	09/25/2023
PALUMBO, BRIAN THOMAS	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	115727	04/20/2023

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

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