Florida HEALTH Department of Health

ELIZABETH OUZTS HARLESS

License Number: PA9117144

Data As Of 11/17/2026

Profession	Physician Assistant
License	PA9117144
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2028
License Original Issue Date	02/21/2023
Address of Record	19027 Wingshooter Way LUTZ, FL 33558
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address
42060 Cypress Pkwy,
PUNTA GORDA, FL 33982

Address
11969 Sheldon Rd.
TAMPA, FL 33626

Address
4505 Gunn Hwy.
TAMPA, FL 33624

Address
5504 Gateway Blvd.
WESLEY CHAPEL, FL 33544

Address
11406 S. US Highway US-301
RIVERVIEW, FL 33578

Address
799 W Lumsden Rd
BRANDON, FL 33511

Address
16521 US-301
WIMAUMA, FL 33598

Address
5464 Lithia Pinecrest Dr.
LITHIA, FL 33547

Address
303 W. Palm Ave
TAMPA, FL 33602

Address
564 Channelside Dr.
TAMPA, FL 33602

Address
3301 W. Gandy Blvd.
TAMPA, FL 33611

Address

3251 66th Street North
SAINT PETERSBURG, FL 33710
Address
7601 Seminole Blvd.
SEMINOLE, FL 33772
Address
40545 US Hwy. 19 N.
TARPON SPRINGS, FL 34689
Address
6182 N. US Hwy. 41
APOLLO BEACH, FL 33572
Address
2810 W. Martin Luther King Jr.
TAMPA, FL 33607
Address
13856 N. Dale Mabry Hwy
TAMPA, FL 33618
Address
4949 4th Street N
SAINT PETERSBURG, FL 33703
Address
22945 State Rd. 54
LUTZ, FL 33549
Address
13531 State Rd. 54
ODESSA, FL 33556

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
SCANNON, MICHAEL ANTHONY	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	29315	08/15/2024

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

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