



## MARK KENNETH DICARLO

### License Number: PA3676

Data As Of 4/21/2026

Profession	Physician Assistant
License	PA3676
License Status	Clear/Active
Qualifications	Prescribing
License Expiration Date	1/31/2028
License Original Issue Date	07/22/1998
Address of Record	509 RIVERSIDE DR SUITE 305 STUART, FL 34994
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

### Secondary Locations

#### Address

200 SE Hospital Ave  
STUART, FL 34995

#### Address

2100 SE Salerno Rd  
STUART, FL 34997

#### Address

10000 SW Innovation Way  
PORT SAINT LUCIE, FL 34987

#### Address

10080 SW Innovation Way  
PORT SAINT LUCIE, FL 34987

#### Address

10000 SW INNOVATION WAY TRADITION MEDICAL CENTER  
PORT SAINT LUCIE, FL 34987

#### Address

2100 SE SALERNO RD. MARTIN MEMORIAL SOUTH HOSPITAL  
STUART, FL 34997

#### Address

200 SE HOSPITAL AVE MARTIN MEMORIAL MEDICAL CENTER  
STUART, FL 34994

### 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
HATZODIS, GEORGIOS	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	144433	12/01/2021
LANDRY, MILES	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	146002	03/02/2023
PEEBLES, MATTHEW NELSON	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	77690	05/06/2024
SKLOW, BRADFORD	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	152175	03/10/2023

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

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.

## Secondary Locations

[Address](#)

200 SE Hospital Ave  
STUART, FL 34995

[Address](#)

2100 SE Salerno Rd  
STUART, FL 34997

[Address](#)

10000 SW Innovation Way  
PORT SAINT LUCIE, FL 34987

[Address](#)

10080 SW Innovation Way  
PORT SAINT LUCIE, FL 34987

[Address](#)

10000 SW INNOVATION WAY TRADITION MEDICAL CENTER  
PORT SAINT LUCIE, FL 34987

[Address](#)

2100 SE SALERNO RD. MARTIN MEMORIAL SOUTH HOSPITAL  
STUART, FL 34997

[Address](#)

200 SE HOSPITAL AVE MARTIN MEMORIAL MEDICAL CENTER  
STUART, FL 34994

## 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
HATZOUZIS, GEORGIOS	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	144433	12/01/2021
LANDRY, MILES	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	146002	03/02/2023
PEEBLES, MATTHEW NELSON	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	77690	05/06/2024
SKLOW, BRADFORD	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	152175	03/10/2023

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

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.