Florida HEALTH Department of Health

FRANK PETER FILIBERTO MD

License Number: ME32703

Data As Of 11/20/2026

Profession	Medical Doctor
License	ME32703
License Status	Clear/Active
License Expiration Date	1/31/2028
License Original Issue Date	08/02/1978
Address of Record	400 EAST STRAWBRIDGE AVE MELBOURNE, FL 32901
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Authorized to Order (Medical and Low-THC Cannabis)	Yes
Discipline on File	Yes
Public Complaint	Yes

Secondary Locations

Address

2105 Palm Bay Road Suite 6
PALM BAY, FL 32905

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
FILIBERTO, FRANK PETER	32703	MEDICAL DOCTOR	MELBOURNE	FL	200420670	OBLIGATION(S) SATISFIED
FILIBERTO, FRANK PETER,	32703	MEDICAL DOCTOR	MELBOURNE	FL	199009972	PROBATION - OTHER MAJOR PENALTY
FILIBERTO, FRANK PETER	32703	MEDICAL DOCTOR	MELBOURNE	FL	199111404	PROBATION - OTHER MAJOR PENALTY
FILIBERTO, FRANK P.	32703	MEDICAL DOCTOR	MELBOURNE	FL	199111406	PROBATION - OTHER MAJOR PENALTY
FILIBERTO, FRANK PETER	32703	MEDICAL DOCTOR	MELBOURNE	FL	199504321	SUSPENSION-PENALTY STAYED
FILIBERTO, FRANK PETER	32703	MEDICAL DOCTOR	MELBOURNE	FL	199314401	AFFIRMED ON APPEAL
FILIBERTO, FRANK PETER	32703	MEDICAL DOCTOR	MELBOURNE	FL	201617788	OBLIGATION(S) SATISFIED

Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
FILIBERTO, FRANK PETER	32703	MEDICAL DOCTOR	MELBOURNE	FL	201314374	AC FILED
FILIBERTO, FRANK PETER	32703	MEDICAL DOCTOR	MELBOURNE	FL	201617788	AC FILED
FILIBERTO, FRANK PETER	32703	MEDICAL DOCTOR	MELBOURNE	FL	200420670	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.

Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
ORLANDO SURGICAL ASSOCIATES, PA	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT	1999	5/29/2009

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

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