Florida HEALTH Department of Health

JOHN S POSER

License Number: ME41976

Data As Of 11/20/2026

Profession	Medical Doctor
License	ME41976
License Status	Clear/Active
License Expiration Date	1/31/2028
License Original Issue Date	04/28/1983
Address of Record	9300 SW 72nd St SOUTH MIAMI, FL 33173
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Discipline on File	Yes
Public Complaint	Yes

Secondary Locations

Address

3101 SW College Rd Suite 205

OCALA, FL 34474

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
POSER, JOHN S	41976	MEDICAL DOCTOR	SOUTH MIAMI	FL	200109161	OBLIGATIONS IMPOSED
POSER, JOHN S	41976	MEDICAL DOCTOR	SOUTH MIAMI	FL	201305779	OBLIGATION(S) SATISFIED
POSER, JOHN S	41976	MEDICAL DOCTOR	SOUTH MIAMI	FL	202225915	OBLIGATION(S) SATISFIED

Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
POSER, JOHN S	41976	MEDICAL DOCTOR	SOUTH MIAMI	FL	202225915	AC FILED
POSER, JOHN S	41976	MEDICAL DOCTOR	SOUTH MIAMI	FL	201305779	AC FILED
POSER, JOHN S	41976	MEDICAL DOCTOR	SOUTH MIAMI	FL	202341065	AC FILED
POSER, JOHN S	41976	MEDICAL DOCTOR	SOUTH MIAMI	FL	202328850	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.

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

3101 SW College Rd Suite 205

OCALA, FL 34474

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
POSER, JOHN S	41976	MEDICAL DOCTOR	SOUTH MIAMI	FL	200109161	OBLIGATIONS IMPOSED
POSER, JOHN S	41976	MEDICAL DOCTOR	SOUTH MIAMI	FL	201305779	OBLIGATION(S) SATISFIED
POSER, JOHN S	41976	MEDICAL DOCTOR	SOUTH MIAMI	FL	202225915	OBLIGATION(S) SATISFIED

Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
POSER, JOHN S	41976	MEDICAL DOCTOR	SOUTH MIAMI	FL	202225915	AC FILED
POSER, JOHN S	41976	MEDICAL DOCTOR	SOUTH MIAMI	FL	201305779	AC FILED
POSER, JOHN S	41976	MEDICAL DOCTOR	SOUTH MIAMI	FL	202341065	AC FILED
POSER, JOHN S	41976	MEDICAL DOCTOR	SOUTH MIAMI	FL	202328850	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.

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.