



AMY M IANNELLO

License Number: PA9101787

Data As Of 5/14/2026

| | |
|--|---|
| Profession | Physician Assistant |
| License | PA9101787 |
| License Status | Clear/Active |
| Qualifications | Prescribing |
| License Expiration Date | 1/31/2028 |
| License Original Issue Date | 09/10/2001 |
| Address of Record | 9781 W Broward Blvd PLANTATION, FL 33324 |
| Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain) | Yes |
| Discipline on File | Yes |
| Public Complaint | No |

Secondary Locations

Address

200 NW 7TH AVE BROWARD HEALTH CORA E. BRAYNON URGENT CARE
FORT LAUDERDALE, FL 33311

Address

3000 Coral Hills Dr Broward Health Coral Springs
CORAL SPRINGS, FL 33065

Address

201 E. Sample Rd.
POMPANO BEACH, FL 33064

Address

9781 W. Broward Blvd.
PLANTATION, FL 33324

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

| Name | License | Profession | City | State | Case # | Action Taken |
|-----------------|---------|-----------------|------------|-------|-----------|------------------------------|
| IANNELLO, AMY M | 9101787 | PHYSICIAN ASSIS | PLANTATION | FL | 200218435 | DISCIPLINARY CITATION ISSUED |

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 |
|--------------------------|--------------------------------------|----------------|---------|----------------|
| LANTNER-TARRASH, RITA MD | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 60016 | 04/03/2024 |

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.

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