# **CARLOS LEVY**

# License Number: OS5566

Data As Of 11/21/2025

Profession Osteopathic Physician

License Status OS5566

Clear/Active

Qualifications Dispensing Practitioner

License Expiration Date 3/31/2026
License Original Issue Date 08/25/1988

Address of Record 2801 Fruitville Road

Unit 140

Yes

SARASOTA, FL 34237

Controlled Substance Prescriber (for the Treatment of Chronic Non-

malignant Pain)

Authorized to Order (Medical and

Low-THC Cannabis)

Discipline on File Yes
Public Complaint Yes

# **Secondary Locations**

### Address

2813 Executive Park Dr. Suite 104 WESTON, FL 33331

# Discipline/Admin Action

# **Emergency Actions**

No Emergency Actions Found

### **Discipline Cases**

Name	License	Profession	City	State	Case#	Action Taken
LEVY, CARLOS	5566	OSTEOPATHIC PHY	SARASOTA	FL	199960979	OBLIGATIONS IMPOSED
LEVY, CARLOS	5566	OSTEOPATHIC PHY	SARASOTA	FL	200121708	PROBATION SATISFIED
LEVY, CARLOS	5566	OSTEOPATHIC PHY	SARASOTA	FL	200123230	PROBATION SATISFIED
LEVY, CARLOS	5566	OSTEOPATHIC PHY	SARASOTA	FL	200214720	PROBATION SATISFIED
LEVY, CARLOS	5566	OSTEOPATHIC PHY	SARASOTA	FL	200218699	PROBATION SATISFIED
LEVY, CARLOS	5566	OSTEOPATHIC PHY	SARASOTA	FL	200226559	PROBATION SATISFIED

# **Public Complaints**

Name	License	Profession	City	State	Case#	Action Taken
LEVY, CARLOS	5566	OSTEOPATHIC PHYSICIAN	SARASOTA	FL	200214720	AC FILED
LEVY, CARLOS	5566	OSTEOPATHIC PHYSICIAN	SARASOTA	FL	200121708	AC FILED

Name	License	Profession	City	State	Case#	Action Taken
LEVY, CARLOS	5566	OSTEOPATHIC PHYSICIAN	SARASOTA	FL	200123230	AC FILED
LEVY, CARLOS	5566	OSTEOPATHIC PHYSICIAN	SARASOTA	FL	200218699	AC FILED
LEVY, CARLOS	5566	OSTEOPATHIC PHYSICIAN	SARASOTA	FL	200226559	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
DAVIS, RANDAL LEE	SUBORDINATE	MEDICAL DOCTOR	110579	2/21/2020
PLEASANTS, TOM ADAIR	SUBORDINATE	OSTEOPATHIC PHYSICIAN	5751	10/15/2020

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

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