## STUART BRUCE KROST

## License Number: ME61951

Data As Of 8/16/2025

Profession Medical Doctor
License ME61951
License Status Clear/Active

Qualifications Dispensing Practitioner

License Expiration Date 1/31/2026 License Original Issue Date 04/15/1992

Address of Record 2290 10th Avenue N

**SUITE #201** 

Yes

LAKE WORTH, FL 33461

Controlled Substance Prescriber (for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

# **Secondary Locations**

#### Address

3615 CENTRAL AVE STE 3

F M, FL 33901

## Address

9220 SW 72ND ST BLDG 7 STE 106

MIAMI, FL 33173

## Address

1903 SE PORT ST LUCIE BLVD PORT SAINT LUCIE, FL 34952

#### Address

7300 N.W. 5TH ST SUITE #A PLANTATION. FL 33317

## 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.

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