



ANTHONY GLENN ROGERS

License Number: ME62034

Data As Of 7/20/2025

Profession	Medical Doctor
License	ME62034
License Status	Probation/Active
License Expiration Date	1/31/2027
License Original Issue Date	04/15/1992
Address of Record	907 N Federal Hwy BOYNTON BEACH, FL 33435
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Discipline on File	Yes
Public Complaint	Yes

Secondary Locations

Address

8235 SO US HWY #1
PORT SAINT LUCIE, FL 34952

Address

4401 N. Andrews Ave
OAKLAND PARK, FL 33309

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
ROGERS, ANTHONY GLENN	62034	MEDICAL DOCTOR	BOYNTON BEACH	FL	199961662	OBLIGATION(S) SATISFIED
ROGERS, ANTHONY GLENN	62034	MEDICAL DOCTOR	BOYNTON BEACH	FL	201412060	SUSPENSION

Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
ROGERS, ANTHONY GLENN	62034	MEDICAL DOCTOR	BOYNTON BEACH	FL	202246657	AC FILED
ROGERS, ANTHONY GLENN	62034	MEDICAL DOCTOR	BOYNTON BEACH	FL	199961662	AC FILED
ROGERS, ANTHONY GLENN	62034	MEDICAL DOCTOR	BOYNTON BEACH	FL	201412060	AC FILED
ROGERS, ANTHONY GLENN	62034	MEDICAL DOCTOR	BOYNTON BEACH	FL	201412060	AC FILED
ROGERS, ANTHONY GLENN	62034	MEDICAL DOCTOR	BOYNTON BEACH	FL	201412060	AC FILED

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
PALM BEACH PAIN MANAGEMENT INC	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT	2869	5/8/2009

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.