Florida HEALTH Department of Health

RICHARD WEAVER MALONEY MD

License Number: ME62779

Data As Of 11/20/2026

Profession	Medical Doctor
License	ME62779
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2028
License Original Issue Date	08/13/1992
Address of Record	4104 West Zelar St TAMPA, FL 33629
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	Yes
Public Complaint	Yes

Secondary Locations

No secondary locations found.

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
MALONEY, RICHARD WEAVER	62779	MEDICAL DOCTOR	TAMPA	FL	199821732	OBLIGATIONS IMPOSED
MALONEY, RICHARD WEAVER	62779	MEDICAL DOCTOR	TAMPA	FL	199821732	OBLIGATIONS IMPOSED
MALONEY, RICHARD WEAVER	62779	MEDICAL DOCTOR	TAMPA	FL	199953289	OBLIGATIONS IMPOSED-OTHR PENAL
MALONEY, RICHARD WEAVER	62779	MEDICAL DOCTOR	TAMPA	FL	200710281	OBLIGATION(S) SATISFIED

Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
MALONEY, RICHARD WEAVER	62779	MEDICAL DOCTOR	TAMPA	FL	200710281	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
AESTHETIC SURGERY CENTER	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT		12/24/2008

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

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