Florida HEALTH Department of Health

PATRICK MICHAEL FLAHARTY

License Number: ME63087

Data As Of 11/21/2026

Profession	Medical Doctor
License	ME63087
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2027
License Original Issue Date	10/09/1992
Address of Record	13470 PARKER COMMONS BLVD SUITE 101 FORT MYERS, FL 33912
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address
6600 University Parkway Suite 202
LAKEWOOD RANCH, FL 34240

Address
23451 Walden Center Drive Suite 400
BONITA SPRINGS, FL 34134

Address
4850 N Tamiami Trail, Unit 230
NAPLES, FL 34103

Address
1708 Cape Coral Parkway West #13
CAPE CORAL, FL 33914

Address
1009 Crosspointe Drive Suite 1
NAPLES, FL 34110

Address
13430 Parker Commons Blvd SUITES 105/106
FT MYERS, FL 33912

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.

Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
AZUL COSMETIC SURGERY & MEDICAL SPA	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT	3111	2/1/2010
VERNEUIL, DEVON MARIE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9115558	6/5/2024

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

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