



PETER V CHOY

License Number: ME74815

Data As Of 1/9/2026

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| Profession | Medical Doctor |
| License | ME74815 |
| License Status | Clear/Active |
| Qualifications | Dispensing Practitioner |
| License Expiration Date | 1/31/2027 |
| License Original Issue Date | 12/30/1997 |
| Address of Record | 2483 Quail Roost Drive WESTON, FL 33127 |
| Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain) | Yes |
| Discipline on File | Yes |
| Public Complaint | Yes |

Secondary Locations

Address

450 W HILLSBORO BLVD
DEERFIELD BEACH, FL 33441

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

| Name | License | Profession | City | State | Case # | Action Taken |
|---------------|---------|----------------|--------|-------|-----------|----------------------|
| CHOY, PETER V | 74815 | MEDICAL DOCTOR | WESTON | FL | 199957324 | FINE AND REPRIMAND |
| CHOY, PETER V | 74815 | MEDICAL DOCTOR | WESTON | FL | 201111189 | SUSPENSION SATISFIED |

Public Complaints

| Name | License | Profession | City | State | Case # | Action Taken |
|---------------|---------|----------------|--------|-------|-----------|--------------|
| CHOY, PETER V | 74815 | MEDICAL DOCTOR | WESTON | FL | 201111189 | AC FILED |
| CHOY, PETER V | 74815 | MEDICAL DOCTOR | WESTON | FL | 201111189 | AC FILED |
| CHOY, PETER V | 74815 | MEDICAL DOCTOR | WESTON | FL | 201111189 | 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

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 | Effective License Date |
|-------------------------------------|---------------------------------|---|------------------------|
| ALMOSHAIKAH, SARAH | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9113982 6/16/2021 |
| DE MELO, CHRISTIANE MONTANARI TAYAH | DISPENSING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9114854 10/13/2021 |
| DE MELO, CHRISTIANE MONTANARI TAYAH | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9114854 10/13/2021 |
| PETER V. CHOY MD LLC | HCCE | HEALTH CARE CLINIC ESTABLISHMENT PERMIT | 2473 10/23/2009 |
| TORRE, ADOLFO NOEL | PHARMACIST | PHARMACIST | 40009 6/2/2023 |
| WINCHESTER, LIAM JAY | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9117745 10/25/2023 |

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

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