



LIZBETH ALTER

License Number: ME80663

Data As Of 2/23/2026

Profession	Medical Doctor
License	ME80663
License Status	Clear/Active
Qualifications	STATE OF PRINCIPAL LICENSURE Dispensing Practitioner
License Expiration Date	1/31/2027
License Original Issue Date	06/30/2000
Address of Record	Po Box 141703 CORAL GABLES, FL 33114
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

[Address](#)

9915 NW 41 STREET
MIAMI, FL 33178

[Address](#)

14701 NW 77 AVE
MIAMI, FL 33014

[Address](#)

6264 W. SAMPLE RD.
CORAL SPRINGS, FL 33067

[Address](#)

4741 S. UNIVERSITY DR.
DAVIE, FL 33328

[Address](#)

15885 PINES BLVD.
PEMBROKE PINES, FL 33027

[Address](#)

10 GIRALDA AVE
CORAL GABLES, FL 33134

[Address](#)

1240 S. DIXIE HWY
CORAL GABLES, FL 33146

[Address](#)

1642 TOWN CENTER CIR.
WESTON, FL 33326

[Address](#)

2660 BRICKELL AVENUE BAPTIST MEDICAL PLAZA AT BRICKELL
MIAMI, FL 33129

[Address](#)

12472 W. SUNRISE BLVD. BAPTIST HEALTH URGENT CARE-SUNRISE
SUNRISE, FL 33323

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
BOGDANOVA, ANNA L	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9105154	6/29/2016
BOGDANOVA, ANNA L	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9105154	7/19/2016
GOMEZ YATES, JESSICA GABRIELLE	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9106649	6/27/2016
GOMEZ YATES, JESSICA GABRIELLE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9106649	7/8/2016
GUERRERO, JORGE ALBERT	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9104178	6/28/2016
GUERRERO, JORGE ALBERT	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9104178	6/28/2016
STANLEY, ANTHONY GEORGE MD	DISPENSING PHYSICIAN ASSISTANT	MEDICAL DOCTOR	77954	6/27/2016
STEWART, MARKIRA OLGA	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9107494	6/23/2016
STEWART, MARKIRA OLGA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9107494	7/13/2016
SUKHWANI, ARTI V	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9100958	7/28/2016
ZAPATA, DARIO HERMAN	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9103082	6/23/2016
ZAPATA, DARIO HERMAN	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9103082	7/6/2016

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