## LIZBETH ALTER

# License Number: ME80663

Data As Of 11/21/2025

Profession Medical Doctor
License ME80663
License Status Clear/Active

Qualifications Dispensing Practitioner

STATE OF PRINCIPAL LICENSURE

License Expiration Date 1/31/2027
License Original Issue Date 06/30/2000
Address of Record Po Box 141703

CORAL GABLES, FL 33114

No

Controlled Substance Prescriber (for the Treatment of Chronic Non-

and in the Dairy

malignant Pain)

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

 $12472~\mathrm{W}.$  SUNRISE BLVD. BAPTIST HEALTH URGENT CARE-SUNRISE SUNRISE, FL 33323

# Discipline/Admin Action

## **Emergency Actions**

## **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

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

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