

**LIZBETH ALTER****License Number: ME80663***Data As Of 2/23/2026*

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|--|---|
| 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 GERALDA 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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