



JONATHAN TROY KUDROWITZ

License Number: PA9105136

Data As Of 1/11/2026

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| Profession | Physician Assistant |
| License | PA9105136 |
| License Status | Clear/Active |
| Qualifications | Prescribing |
| License Expiration Date | 1/31/2028 |
| License Original Issue Date | 09/03/2009 |
| Address of Record | 1007 WEST COMMERCIAL BLVD. Concentra FT LAUDERDALE, FL 33309 |
| Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain) | No |
| Discipline on File | No |
| Public Complaint | No |

Secondary Locations

Address

12170 West Sunrise Blvd
PLANTATION, FL 33323

Address

311 South Cypress Road Concentra
POMPANO BEACH, FL 33060

Address

4455 Medical Center Way Concentra
WEST PALM BCH, FL 33407

Address

12170 West Sunrise Blvd Concentra
SUNRISE, FL 33323

Address

1347 South Andrews Avenue Concentra
FORT LAUDERDALE, FL 33316

Address

141 MW 20th Street Suite C9 Concentra
BOCA RATON, FL 33431

Address

4455 Medical Center Way Concentra
WEST PALM BCH, FL 33407

Address

12170 W. Sunrise Blvd Concentra
PLANTATION, 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.

Supervising Practitioners

| Name | Relationship | Profession | License | Effective Date |
|------------------|--------------------------------------|----------------|---------|----------------|
| MARTIN, GERARD J | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 114724 | 03/27/2023 |

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

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