Florida HEALTH Department of Health

CHARLES EMMANUEL STAMITOLES SR

License Number: DN10168

Data As Of 11/6/2026

Profession	Dentist
License	DN10168
License Status	Revoked/
License Expiration Date	2/28/2024
License Original Issue Date	09/18/1984
Address of Record	If further information is needed, please contact the Department of Health at (850) 488-0595.
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	Yes
Public Complaint	Yes

Secondary Locations

No secondary locations found.

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
STAMITOLES, CHARLES EMMANUEL	10168	DENTIST	PENSACOLA	FL	200819142	SUSPENSION SATISFIED
STAMITOLES, CHARLES EMMANUEL	10168	DENTIST	PENSACOLA	FL	201720409	OBLIGATION(S) SATISFIED
STAMITOLES, CHARLES EMMANUEL	10168	DENTIST	PENSACOLA	FL	202110997	OBLIGATION(S) SATISFIED
STAMITOLES, CHARLES EMMANUEL	10168	DENTIST	PENSACOLA	FL	202222414	REVOCATION
STAMITOLES, CHARLES EMMANUEL	10168	DENTIST	PENSACOLA	FL	202232313	REVOCATION
STAMITOLES, CHARLES EMMANUEL	10168	DENTIST	PENSACOLA	FL	202224296	REVOCATION
STAMITOLES, CHARLES EMMANUEL	10168	DENTIST	PENSACOLA	FL	199603165	SUSPENSION-OTHER PENALTY IMPOSED
STAMITOLES, CHARLES EMMANUEL	10168	DENTIST	PENSACOLA	FL	200213676	PROBATION

Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
STAMITOLES, CHARLES EMMANUEL	10168	DENTAL	PENSACOLA	FL	201720409	AC FILED
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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.

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.

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Discipline/Admin Action

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