



## LEONARD MANUEL LOPEZ DE LA TORRE

### License Number: MA90945

Data As Of 9/1/2025

Profession	Massage Therapist
License	MA90945
License Status	Disc Relinquish/
License Expiration Date	8/31/2023
License Original Issue Date	08/28/2018
Address of Record	If further information is needed, please contact the Department of Health at (850) 488-0595.
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
LOPEZ DE LA TORRE, LEONARD MANUEL	90945	MASSAGE THERAPI	SAINT PETERSBURG	FL	202233463	VOLUNTARY SURRENDER
LOPEZ DE LA TORRE, LEONARD MANUEL	90945	MASSAGE THERAPI	SAINT PETERSBURG	FL	202302741	VOLUNTARY SURRENDER

#### Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
LOPEZ DE LA TORRE, LEONARD MANUEL	90945	MASSAGE THERAPIST	SAINT PETERSBURG	FL	202233463	AC FILED
LOPEZ DE LA TORRE, LEONARD MANUEL	90945	MASSAGE THERAPIST	SAINT PETERSBURG	FL	202302741	AC FILED

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.

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