## SALVATORE MAURIZIO BONVENTRE

## License Number: PA9107778

Data As Of 9/29/2025

Profession Physician Assistant

License PA9107778
License Status Clear/Active
Qualifications Prescribing
License Expiration Date 1/31/2026
License Original Issue Date 01/16/2014
Address of Record 9330 FL-54

TRINITY, FL 34655

No

Controlled Substance Prescriber

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

# **Secondary Locations**

#### Address

3231 McMullen Booth Rd SAFETY HARBOR, FL 34695

### Address

4211 VanDyke Rd LUTZ, FL 33558

#### Address

6901 Simmons Loop RIVERVIEW, FL 33578

### Address

6600 Madison St. North Bay Emergency Department

NEW PORT RICHEY, FL 34652

#### Address

3001 W. MLK Jr. Blvd St. Joesph Hospital

TAMPA, FL 33607

### Address

6901 SIMMONS LOOP ST. JOSEPH'S HOSPITAL SOUTH

RIVERVIEW, FL 33578

## Address

4211 VAN DYKE ROAD ST. JOSEPH'S HOSPITAL NORTH

LUTZ, FL 33558

#### Address

3001 W MLK BLVD ST. JOSEPH'S HOSPITAL

TAMPA, FL 33607

### Address

6600 Madison St. North Bay Hospital Emergency Department

NEW PORT RICHEY, FL 34652

## 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.

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.