



## ZAMIP PRAKASH PATEL

License Number: ME109172

Data As Of 7/30/2025

Profession	Medical Doctor
License	ME109172
License Status	Clear/Active
License Expiration Date	1/31/2027
License Original Issue Date	02/25/2011
Address of Record	500 W Hospital Rd FRENCH CAMP, CA 95231
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Discipline on File	Yes
Public Complaint	Yes

## Secondary Locations

### Address

2200 N Alafaya Trail Suite 550  
ORLANDO, FL 32826

## Discipline/Admin Action

### Emergency Actions

No Emergency Actions Found

### Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
PATEL, ZAMIP PRAKASH	109172	MEDICAL DOCTOR	FRENCH CAMP	CA	202126088	OBLIGATION(S) SATISFIED

### Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
PATEL, ZAMIP PRAKASH	109172	MEDICAL DOCTOR	FRENCH CAMP	CA	202126088	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.

## Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
WLADIS, ALAN ROBERT	SUBORDINATE	MEDICAL DOCTOR	80259	7/20/2020

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

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