#### **CARLOS MANUEL ORTIZ-ORTIZ**

#### License Number: ME111860

Data As Of 7/26/2025

Profession Medical Doctor
License ME111860
License Status Clear/Active
License Expiration Date 1/31/2026
License Original Issue Date 01/11/2012

Address of Record 400 CELEBRATION PLACE

SUITE A 150

Yes

CELEBRATION, FL 34747

Controlled Substance Prescriber

(for the Treatment of Chronic Non-

malignant Pain)

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               |
|-------------------------------|---------|-------------------|-------------|-------|-----------|----------------------------|
| ORTIZ-ORTIZ, CARLOS<br>MANUEL | 111860  | MEDICAL<br>DOCTOR | CELEBRATION | FL    | 202114431 | OBLIGATION(S)<br>SATISFIED |

#### **Public Complaints**

| Name                | License | Profession | City        | State | Case#     | Action Taken |
|---------------------|---------|------------|-------------|-------|-----------|--------------|
| ORTIZ-ORTIZ, CARLOS | 111860  | MEDICAL    | CELEBRATION | FL    | 202114431 | AC FILED     |
| MANUEL              |         | DOCTOR     |             |       |           |              |

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 |
|--------------------------|---------------------------------|---------------------|---------|----------------|
| ALI, AALIYA              | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9110882 | 2/5/2019       |
| BEHRMANN, DONALD LEE     | SUBORDINATE                     | MEDICAL DOCTOR      | 64819   | 8/1/2017       |
| CARMODY, MARC BRYAN      | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9108980 | 2/5/2019       |
| FITZGERALD, ERIN DONOHOE | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9109943 | 2/6/2019       |

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

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