Florida HEALTH Department of Health

ANNA EDOUARDOVNA VARLAMOV

License Number: ME119207

Data As Of 10/31/2026

Profession	Medical Doctor
License	ME119207
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2028
License Original Issue Date	03/24/2014
Address of Record	11500 University Blvd Ste B ORLANDO, FL 32817
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

Secondary Locations

Address
2250 East Edgewood Drive
LAKELAND, FL 33803

Address
610 Oak Commons Blvd
KISSIMMEE, FL 34741

Address
6418 Commerce Park Drive
FORT MYERS, FL 33966

Address
1233 NW 10th Ave
GAINESVILLE, FL 32601

Address
6440 W. Newberry Rd suite 508
GAINESVILLE, FL 32605

Address
8068 N 56th Street
TAMPA, FL 33617

Address
236 E Bearss Avenue
TAMPA, FL 33613

Address
33 6th Street S Ste 110
SAINT PETERSBURG, FL 33701

Address
736 Central Avenue
SARASOTA, FL 34236

Address
1425 Creech Road
NAPLES, FL 34103

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.

Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
BEHRMANN, DONALD LEE	SUBORDINATE	MEDICAL DOCTOR	64819	7/18/2017

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

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