



ELIZABETH M TRINIDAD

License Number: ME123443

Data As Of 12/13/2025

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| Profession | Medical Doctor |
| License | ME123443 |
| License Status | Clear/Active |
| License Expiration Date | 1/31/2027 |
| License Original Issue Date | 03/24/2015 |
| Address of Record | 2047 PALM BEACH LAKES BLVD STE 100 WEST PALM BEACH, FL 33409 |
| Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain) | Yes |
| Discipline on File | Yes |
| Public Complaint | Yes |

Secondary Locations

Address

4513 Executive Drive suite 105
NAPLES, FL 34119

Address

4750 N. FEDERAL HWY #301
FORT LAUDERDALE, FL 33308

Address

9110 College Point Ct
FT MYERS, FL 33919

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

| Name | License | Profession | City | State | Case # | Action Taken |
|-----------------------|---------|----------------|-----------------|-------|-----------|-------------------------|
| TRINIDAD, ELIZABETH M | 123443 | MEDICAL DOCTOR | WEST PALM BEACH | FL | 202027187 | OBLIGATION(S) SATISFIED |

Public Complaints

| Name | License | Profession | City | State | Case # | Action Taken |
|-----------------------|---------|----------------|-----------------|-------|-----------|--------------|
| TRINIDAD, ELIZABETH M | 123443 | MEDICAL DOCTOR | WEST PALM BEACH | FL | 202027187 | 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 |
|---------------------|---------------------------------|---------------------|---------|----------------|
| LANKER, MARK DARRYL | SUBORDINATE | MEDICAL DOCTOR | 111494 | 6/29/2020 |
| TUTHILL, ADDY MAURO | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9108940 | 11/1/2015 |
| WALKER, CHELSEA | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9113663 | 10/12/2020 |

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

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