



## ZAIN TARIQ

License Number: ME133236

Data As Of 12/2/2024

Profession	Medical Doctor
License	ME133236
License Status	CLEAR/Active
License Expiration Date	1/31/2025
License Original Issue Date	07/07/2017
Address of Record	2331 4th STREET NORTH SAINT PETERSBURG, FL 33704
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

## Secondary Locations

### Address

1 Tampa General Circle  
TAMPA, FL 33606

### Address

4821 US HWY 19 SUITE 5  
NEW PORT RICHEY, FL 34652

### Address

3351 N. McMULLEN BOOTH ROAD  
CLEARWATER, FL 33761

### Address

17152 DONNA MICHELLE DRIVE SUITE 5  
TAMPA, FL 33647

### Address

2016 SR 60 EAST  
VALRICO, FL 33594

### Address

2331 4th STREET NORTH  
SAINT PETERSBURG, FL 33704

### Address

13670 WALSINGHAM ROAD  
LARGO, FL 33774

### Address

400 1ST STREET NORTH BAYCARE URGENT CARE  
WINTER HAVEN, FL 33881

### Address

6455 GULF BLVD  
SAINT PETERSBURG, FL 33706

### Address

3440 WEST DR MLK BLVD SUITE 100  
TAMPA, FL 33607

### Address

1599 66th STREET NORTH  
SAINT PETERSBURG, FL 33710

### Address

11921 N. DALE MABRY HWY SUITE 7

## 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
GONZALEZ, JAVIER IGNACIO	SUBORDINATE	MEDICAL DOCTOR	107827	5/1/2020
POST, CYNTHIA SUE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	3617	8/13/2019
SAINT-HILAIRE, REGINALD	SUBORDINATE	MEDICAL DOCTOR	123697	11/1/2020

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

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