KATIE CLEARY ALONSO

License Number: ME135502

Data As Of 9/10/2025			
Profession	Medical Doctor		
License	ME135502		
License Status	Clear/Active		
License Expiration Date	1/31/2026		
License Original Issue Date	03/02/2018		
Address of Record	3801 S Kanner Highway		
	Suite 300		
	Pulmonary / Critical Care		
	STUART, FL 34994		
Controlled Substance Prescriber	No		
(for the Treatment of Chronic Non-			
malignant Pain)			
Discipline on File	No		
Public Complaint	No		

Secondary Locations

No secondary locations found.

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
JONES, NICOLE ELIZABETH	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9107406	2/6/2020
RAMOS, TIMOTHY	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9110352	8/13/2019
REAMES, AARON MICHAEL	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9110537	7/23/2019

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

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