



JEFFREY JOSEPH ALVAREZ

License Number: ME141508

Data As Of 12/2/2024

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|--|---|
| Profession | Medical Doctor |
| License | ME141508 |
| License Status | CLEAR/Active |
| License Expiration Date | 1/31/2027 |
| License Original Issue Date | 06/27/2019 |
| Address of Record | 3930 Howard Hughes Parkway #270 LAS VEGAS, NV 89169 |
| Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain) | No |
| Discipline on File | No |
| Public Complaint | No |

Secondary Locations

Address

Hillsborough County Jail 520 North Falkenburg Road
TAMPA BAY, FL 33619

Address

Sarasota County Jail 2020 Main Street
SARASOTA, FL 34237

Address

Saint Lucie County Jail 4700 West Midway Road
FORT PIERCE, FL 34981

Address

Duval County Jail 501 East Bay Street
JACKSONVILLE, FL 32202

Address

Manatee County Jail 14470 Harlee Road
PALMETTO, FL 34221

Address

Lee County Core/CPU Jail 2501 Ortiz Ave
FORT MYERS, FL 33905

Address

Lee County Jail (Main) 2115 Dr. Martin Luther Kink Jr Blvd
FORT MYERS, FL 33901

Address

Pasco County Jail 20101 Central Blvd
LAND O LAKES, FL 34637

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 |
|-----------------------------|---------------------------------|---------------------|---------|----------------|
| EISENBERG, LINDSEY KATHLEEN | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9108750 | 10/17/2024 |
| GRIMALDI, THOMAS | DISPENSING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9111350 | 10/3/2021 |
| GRIMALDI, THOMAS | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9111350 | 6/28/2021 |
| HORTON, CAROLYN LAUREN | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9118018 | 10/10/2023 |

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

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