



## JEFFREY JOSEPH ALVAREZ

### License Number: ME141508

Data As Of 7/26/2025

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 King 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
GIL, FRANCISCO JOSE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9111532	1/8/2025
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

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.