CARLOS R SUAREZ

License Number: PA2960

Data As Of 10/30/2025

Profession Physician Assistant

License PA2960
License Status Clear/Active
Qualifications Prescribing

Dispensing Practitioner

License Expiration Date 1/31/2026 License Original Issue Date 10/09/1995

Address of Record 18203 PINES BLVD.

CARESPOT URGENT CARE PEMBROKE PINES, FL 33029

Controlled Substance Prescriber No

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

Secondary Locations

Address

9035 PINES BLVD. CARESPOT URGENT CARE

PEMBROKE PINES, FL 33024

Address

1611 South Federal Highway POMPANO BEACH, FL 33062

Address

10251 West Commercial Blvd

SUNRISE, FL 33351

Address

784 SE Prima Vista Blvd

PORT SAINT LUCIE, FL 34952

Address

1205 North University Drive

CORAL SPRINGS, FL 33071

Address

18203 Pines Blvd

PEMBROKE PINES, FL 33029

Address

1820 58th Ave., Unit 110

VERO BEACH, FL 32960

Address

8756 Boynton Beach Blvd

BOYNTON BEACH, FL 33472

Address

4450 State Road 7

COCONUT CREEK, FL 33073

Address

129 South State Rd 7, Ste. 401

ROYAL PALM BEACH, FL 33414

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.

Supervising Practitioners

Name	Relationship	Profession	License	Effective Date
MCKREITH, TRACEY ALICIA	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	116119	08/22/2018
MCKREITH, TRACEY ALICIA	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	116119	03/07/2018

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

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