#### **ALAN T RUDOLPH**

### License Number: ME21545

Data As Of 9/16/2025

Profession Medical Doctor
License ME21545
License Status Clear/Active
License Expiration Date 1/31/2026
License Original Issue Date 05/06/1974

Address of Record 16533 Fleur de lis Way
DELRAY BEACH, FL 33446

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
AUSTIN, LLALANDO L II	SUBORDINATE	ANESTHESIOLOGIST ASSISTANTS	20	10/10/2008
MENDOZA, OSCAR G III	SUBORDINATE	ANESTHESIOLOGIST ASSISTANTS	24	9/1/2012
PIMENTA, WENDY JEAN	SUBORDINATE	ANESTHESIOLOGIST ASSISTANTS	61	9/1/2012
WEIRICH, NATHAN DOUGLAS	SUBORDINATE	ANESTHESIOLOGIST ASSISTANTS	29	9/1/2012

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

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