Florida HEALTH Department of Health

CHETHANA CHANDRUPATLA GOTTAM

License Number: ME151146

Data As Of 11/4/2026

Profession	Medical Doctor
License	ME151146
License Status	Clear/Active
License Expiration Date	1/31/2029
License Original Issue Date	06/03/2021
Address of Record	2350 Vanderbilt Beach Rd Suite 301 NAPLES, FL 34109
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	Yes
Public Complaint	Yes

Secondary Locations

Address
23075 Tabak Lane
LAND O LAKES, FL 34639

Address
10037 Leather Fern Lane
RIVERVIEW, FL 33578

Address
6424 Alexandra Louise Dr Suite 460
ORLANDO, FL 32827

Address
544 John Ringling Blvd
SARASOTA, FL 34236

Address
5310 Clark Rd Suite 107
SARASOTA, FL 34233

Address
1400 S. Orlando Ave Suite 100
WINTER PARK, FL 32789

Address
880 NW 13th St Suite 130
BOCA RATON, FL 33486

Address
1114 N Olive Ave
WEST PALM BEACH, FL 33401

Address
14290 Metropolis Ave # 2
FORT MYERS, FL 33912

Address
2350 Vanderbilt Beach Rd Suite 301
NAPLES, FL 34109

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
GOTTAM, CHETHANA CHANDRUPATLA	151146	MEDICAL DOCTOR	NAPLES	FL	202443694	OBLIGATION(S) SATISFIED

Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
GOTTAM, CHETHANA CHANDRUPATLA	151146	MEDICAL DOCTOR	NAPLES	FL	202443694	AC FILED

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
CONRAD, NICOLE DENISE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9108943	12/15/2025

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.

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