



ELIZABETH KATELYN CURTIS

License Number: PA9116140

Data As Of 12/4/2024

Profession	Physician Assistant
License	PA9116140
License Status	CLEAR/Active
Qualifications	Prescribing Dispensing Practitioner
License Expiration Date	1/31/2026
License Original Issue Date	07/05/2022
Address of Record	35 Harbor Oaks Cir SAFETY HARBOR, FL 34695
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

Secondary Locations

[Address](#)

549 SKY HARBOUR DR HARBOURWOOD CARE CENTER
CLEARWATER, FL 33759

[Address](#)

100 24TH ST N APOLLO HEALTH AND REHABILITATION CENTER
SAINT PETERSBURG, FL 33713

[Address](#)

7501 38TH AVE N ALHAMBRA HEALTH AND REHABILITATION CENTE
SAINT PETERSBURG, FL 33710

[Address](#)

521 ATWOOD AVE N ST PETERSBURG NURSING AND REHABILITATION
SAINT PETERSBURG, FL 33702

[Address](#)

7101 DR MLK JR ST N ABBEY REHABILITATION AND NURSING CENTER
SAINT PETERSBURG, FL 33702

[Address](#)

6300 46TH AVE N LEXINGTON HEALTH AND REHABILITATION CENT
KENNETH CITY, FL 33709

[Address](#)

9035 BRYAN DAIRY RD BARDMOOR OAKS HEALTHCARE AND REHAB CENTE
LARGO, FL 33777

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
DAVILA-RIVERA, ALFREDO	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	121326	09/25/2023
PALUMBO, BRIAN THOMAS	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	115727	04/20/2023

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

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