Florida HEALTH Department of Health

ENRIQUE A GONZALEZ-PUJOL MD

License Number: ME43016

Data As Of 11/3/2026

Profession	Medical Doctor
License	ME43016
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2028
License Original Issue Date	09/21/1983
Address of Record	2400 W Sample Rd Suite 4 POMPANO BEACH, FL 33073
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Discipline on File	Yes
Public Complaint	Yes

Secondary Locations

Address

6611 W Boynton Beach Blvd
BOYNTON BEACH, FL 33437

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
GONZALEZ-PUJOL, ENRIQUE A.	43016	MEDICAL DOCTOR	POMPANO BEACH	FL	199000618	PROBATION-APP RPTS/SCREENS REQ
GONZALEZ-PUJOL, ENRIQUE A.	43016	MEDICAL DOCTOR	POMPANO BEACH	FL	198909578	PROBATION-APP RPTS/SCREENS REQ
GONZALEZ-PUJOL, ENRIQUE A.	43016	MEDICAL DOCTOR	POMPANO BEACH	FL	199012252	PROBATION-APP RPTS/SCREENS REQ
GONZALEZ-PUJOL, ENRIQUE A.,	43016	MEDICAL DOCTOR	POMPANO BEACH	FL	199009911	FINE AND LETTER OF CONCERN
GONZALEZ-PUJOL, ENRIQUE A	43016	MEDICAL DOCTOR	POMPANO BEACH	FL	199311305	FINE
GONZALEZ-PUJOL, ENRIQUE A	43016	MEDICAL DOCTOR	POMPANO BEACH	FL	200558485	SUSPENSION-PENALTY STAYED
GONZALEZ-PUJOL, ENRIQUE A	43016	MEDICAL DOCTOR	POMPANO BEACH	FL	199604329	OBLIGATIONS IMPOSED

Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
GONZALEZ-PUJOL, ENRIQUE A	43016	MEDICAL DOCTOR	POMPANO BEACH	FL	200558485	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
AFFORDAHEALTH PAIN RELIEF CENTERS	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT	3858	8/13/2010
DOCTOR SOLUTIONS GROUP LLC	PAIN MANAGEMENT CLINIC	PAIN MANAGEMENT CLINIC	1914	6/12/2026
MEDICAL SOLUTIONS GROUP LLC	PAIN MANAGEMENT CLINIC	PAIN MANAGEMENT CLINIC	1913	5/20/2026

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

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