Florida HEALTH Department of Health

CARLOS LEVY

License Number: OS5566

Data As Of 10/29/2026

Profession	Osteopathic Physician
License	OS5566
License Status	Clear/Active
License Expiration Date	3/31/2028
License Original Issue Date	08/25/1988
Address of Record	2801 Fruitville Road Unit 140 SARASOTA, FL 34237
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Authorized to Order (Medical and Low-THC Cannabis)	Yes
Discipline on File	Yes
Public Complaint	Yes

Secondary Locations

Address

2813 Executive Park Dr. Suite 104
WESTON, FL 33331

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
LEVY, CARLOS	5566	OSTEOPATHIC PHY	SARASOTA	FL	200121708	PROBATION SATISFIED
LEVY, CARLOS	5566	OSTEOPATHIC PHY	SARASOTA	FL	199960979	OBLIGATIONS IMPOSED
LEVY, CARLOS	5566	OSTEOPATHIC PHY	SARASOTA	FL	200226559	PROBATION SATISFIED
LEVY, CARLOS	5566	OSTEOPATHIC PHY	SARASOTA	FL	200214720	PROBATION SATISFIED
LEVY, CARLOS	5566	OSTEOPATHIC PHY	SARASOTA	FL	200218699	PROBATION SATISFIED
LEVY, CARLOS	5566	OSTEOPATHIC PHY	SARASOTA	FL	200123230	PROBATION SATISFIED

Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
LEVY, CARLOS	5566	OSTEOPATHIC PHYSICIAN	SARASOTA	FL	200214720	AC FILED
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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
DAVIS, RANDAL LEE	SUBORDINATE	MEDICAL DOCTOR	110579	2/21/2020
GERGES, JENNIFER RAE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9101586	10/22/2026
KHAN, AURANGZAIB	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9103958	10/16/2026
PLEASANTS, TOM ADAIR	SUBORDINATE	OSTEOPATHIC PHYSICIAN	5751	10/15/2020

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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