



JONATHAN MICHAEL ADELBERG

License Number: ME68270

Data As Of 12/4/2024

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| Profession | Medical Doctor |
| License | ME68270 |
| License Status | CLEAR/Active |
| Qualifications | Dispensing Practitioner |
| License Expiration Date | 1/31/2025 |
| License Original Issue Date | 05/08/1995 |
| Address of Record | 11764 SE Dixie Hwy, Unit 6 HOBE SOUND, FL 33455 |
| Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain) | Yes |
| Authorized to Order (Medical and Low-THC Cannabis) | Yes |
| Discipline on File | Yes |
| Public Complaint | Yes |

Secondary Locations

Address

707 NW 5TH STREET
OKEECHOBEE, FL 34972

Address

707 NW 6th STREET OKEECHOBEE COUNTY FIRE RESCUE
OKEECHOBEE, FL 34972

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

| Name | License | Profession | City | State | Case # | Action Taken |
|----------------------------|---------|----------------|------------|-------|-----------|-------------------------|
| ADELBERG, JONATHAN MICHAEL | 68270 | MEDICAL DOCTOR | HOBE SOUND | FL | 201816816 | OBLIGATION(S) SATISFIED |

Public Complaints

| Name | License | Profession | City | State | Case # | Action Taken |
|----------------------------|---------|----------------|------------|-------|-----------|--------------|
| ADELBERG, JONATHAN MICHAEL | 68270 | MEDICAL DOCTOR | HOBE SOUND | FL | 201816816 | 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 |
|-----------------------------------|---------------------------------|---|---------|----------------|
| LEEDY, ERIC NICHOLS | DISPENSING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9111982 | 2/21/2019 |
| LEEDY, ERIC NICHOLS | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9111982 | 2/21/2019 |
| MILLER, KATIE NICOLE | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9115736 | 3/23/2022 |
| OKEECHOBEE COUNTY FIRE RESCUE | SERVICE PROVIDER | EMS SERVICE PROVIDER ALS | 4701 | 3/26/2019 |
| TREASURE COAST MEDICAL ASSOCIATES | HCCE | HEALTH CARE CLINIC ESTABLISHMENT PERMIT | 4577 | 9/13/2011 |

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.