## PETER V CHOY

## License Number: ME74815

Data As Of 10/24/2025

Profession Medical Doctor
License ME74815
License Status Clear/Active

Qualifications Dispensing Practitioner

License Expiration Date 1/31/2027 License Original Issue Date 12/30/1997

Address of Record 2483 Quail Roost Drive WESTON, FL 33127

Controlled Substance Prescriber Yes

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File Yes
Public Complaint Yes

# **Secondary Locations**

#### Address

450 W HILLSBORO BLVD DEERFIELD BEACH, FL 33441

# Discipline/Admin Action

### **Emergency Actions**

No Emergency Actions Found

## **Discipline Cases**

Name	License	Profession	City	State	Case#	Action Taken
CHOY, PETER V	74815	MEDICAL DOCTOR	WESTON	FL	199957324	FINE AND REPRIMAND
CHOY, PETER V	74815	MEDICAL DOCTOR	WESTON	FL	201111189	SUSPENSION SATISFIED

#### **Public Complaints**

Name	License	Profession	City	State	Case#	Action Taken
CHOY, PETER V	74815	MEDICAL DOCTOR	WESTON	FL	201111189	AC FILED
CHOY, PETER V	74815	MEDICAL DOCTOR	WESTON	FL	201111189	AC FILED
CHOY, PETER V	74815	MEDICAL DOCTOR	WESTON	FL	201111189	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

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
ALMOSHAIKAH, SARAH	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9113982	6/16/2021
DE MELO, CHRISTIANE MONTANARI TAYAH	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9114854	10/13/2021
DE MELO, CHRISTIANE MONTANARI TAYAH	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9114854	10/13/2021
PETER V. CHOY MD LLC	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT	2473	10/23/2009
TORRE, ADOLFO NOEL	PHARMACIST	PHARMACIST	40009	6/2/2023
WINCHESTER, LIAM JAY	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9117745	10/25/2023

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.