



## LEO T GONZALES

### License Number: ME74826

Data As Of 1/25/2026

Profession	Medical Doctor
License	ME74826
License Status	Obligations/Active
License Expiration Date	1/31/2028
License Original Issue Date	12/31/1997
Address of Record	8383 N. DAVIS HWY. PENSACOLA, FL 32514
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	Yes
Discipline on File	Yes
Public Complaint	Yes

### Secondary Locations

No secondary locations found.

### Discipline/Admin Action

#### Emergency Actions

No Emergency Actions Found

#### Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
GONZALES, LEO T	74826	MEDICAL DOCTOR	PENSACOLA	FL	201619366	OBLIGATIONS IMPOSED

#### Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
GONZALES, LEO T	74826	MEDICAL DOCTOR	PENSACOLA	FL	201619366	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, Box 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
AMIN, SHILPA KIRIT	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	118558	05/01/2025

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

## Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
LOCKLEAR, ALEXANDRA MACKINLAY	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9103837	12/3/2018
STORK, JERRY LEE JR	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9103513	9/26/2018

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