### LEO T GONZALES

### License Number: ME74826

Data As Of 9/6/2025

Profession Medical Doctor License ME74826

License Status Obligations/Active

License Expiration Date 1/31/2026 License Original Issue Date 12/31/1997

Address of Record 8383 N. DAVIS HWY. PENSACOLA, FL 32514

Controlled Substance Prescriber Yes

(for the Treatment of Chronic Non-

malignant Pain)

Yes Discipline on File **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, 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.

# **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

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.