



ZULFIQAR ALI FAZAL

License Number: ME78743

Data As Of 9/10/2025

Profession	Medical Doctor
License	ME78743
License Status	Clear/Active
License Expiration Date	1/31/2027
License Original Issue Date	08/09/1999
Address of Record	HOF Advent Health 40100 US-27, Davenport FL 33837 DAVENPORT, FL 33837
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

Secondary Locations

No secondary locations found.

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

No Discipline Found

Public Complaints

No Public Complaint Found

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
BERNSTEIN, GREGORY	SUBORDINATE	ANESTHESIOLOGIST ASSISTANTS	701	4/25/2024
KENNEDY, JESSICA HYAMS	AA	ANESTHESIOLOGIST ASSISTANTS	178	2/20/2024
PINGEL, AARON	AA	ANESTHESIOLOGIST ASSISTANTS	602	2/19/2024

Name	Relationship	Profession	License	Effective Date
WALTER, GLENN	AA	ANESTHESIOLOGIST ASSISTANTS	316	2/19/2024

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

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