



## JORGE MARIO TRUJILLO

License Number: ME80621

Data As Of 12/2/2024

Profession	Medical Doctor
License	ME80621
License Status	CLEAR/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2026
License Original Issue Date	06/26/2000
Address of Record	5402 Beaumont Center Blvd TAMPA, FL 33634
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

### Secondary Locations

[Address](#)

1400 EAST BAY DRIVE  
LARGO, FL 33771

[Address](#)

3745 33RD STREET NORTH SUITE A  
SAINT PETERSBURG, FL 33713

[Address](#)

2303 N. AIRPORT ROAD  
PLANT CITY, FL 33563

[Address](#)

10320 N. 56TH STREET SUITE 110  
TEMPLE TERRACE, FL 33617

[Address](#)

1750 N BROADWAY  
BARTOW, FL 33830

[Address](#)

5040 US HIGHWAY 98 NORTH  
LAKE LAND, FL 33809

[Address](#)

Concentra Urgent Care 2303 N Airport Rd  
PLANT CITY, FL 33563

[Address](#)

Concentra Urgent Care 934 Oakfield Dr Brandon  
BRANDON, FL 33511

[Address](#)

Concentra Urgent Care 7209 E Adamo Dr  
TAMPA, FL 33619

[Address](#)

Concentra Urgent Care 1105 53rd Ave E  
BRADENTON, FL 34203

### 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	Effective License	Date
BROWN, JAMES CORNELIUS JR	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9100900	8/8/2017
PARAMEDICS PLUS, LLC	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT	4098	12/10/2010
SCOTT, MATTHEW ALEXANDER	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9106407	6/22/2023

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

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