JORGE MARIO TRUJILLO

License Number: ME80621

Data As Of 10/24/2025

Profession Medical Doctor
License ME80621
License Status Clear/Active

Qualifications Dispensing Practitioner

License Expiration Date 1/31/2028 License Original Issue Date 06/26/2000

Address of Record 5402 Beaumont Center Blvd

TAMPA, FL 33634

No

Controlled Substance Prescriber (for the Treatment of Chronic Non-

malianant Dain)

malignant Pain)

Discipline on File No Public Complaint No

Secondary Locations

Address

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

Address

Concentra Urgent Care 7209 E Adamo Dr

TAMPA, FL 33619

Address

Concentra Urgent Care 934 Oakfield Dr Brandon

BRANDON, FL 33511

Address

Concentra Urgent Care 2303 N Airport Rd

PLANT CITY, FL 33563

Address

5040 US HIGHWAY 98 NORTH

LAKELAND, FL 33809

Address

1750 N BROADWAY

BARTOW, FL 33830

Address

3745 33RD STREET NORTH SUITE A

SAINT PETERSBURG, FL 33713

Address

1400 EAST BAY DRIVE

LARGO, FL 33771

Address

6170 Ulmerton Rd Suite 101

CLEARWATER, FL 33760

Address

3011 University Center Dr Suite 100

TAMPA, FL 33612

Discipline/Admin Action

Emergency Actions

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
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

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.