



License Verification

Printer Friendly Version

CHRISTOPHER SAPUTA

License Number: ME47402

Data As Of 3/16/2024

License Information	Secondary Locations	Discipline/Admin Action	Practitioner Profile
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Emergency Actions

No Emergency Actions Found

Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
SAPUTA, CHRISTOPHER	47402	MEDICAL DOCTOR	TARPON SPRINGS	FL	202220963	RESTRICTED FROM PRACTICE
SAPUTA, CHRISTOPHER	47402	MEDICAL DOCTOR	TARPON SPRINGS	FL	202220963	RESTRICTED FROM PRACTICE
SAPUTA, CHRISTOPHER	47402	MEDICAL DOCTOR	TARPON SPRINGS	FL	202220968	SUSPENSION
SAPUTA, CHRISTOPHER	47402	MEDICAL DOCTOR	TARPON SPRINGS	FL	202220968	SUSPENSION
SAPUTA, CHRISTOPHER	47402	MEDICAL DOCTOR	TARPON SPRINGS	FL	202220978	RESTRICTED FROM PRACTICE
SAPUTA, CHRISTOPHER	47402	MEDICAL DOCTOR	TARPON SPRINGS	FL	202220978	RESTRICTED FROM PRACTICE

Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
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Department of Health

Action

Taken

License	Profession	City	State	Case #	Action Taken
SAPUTA, CHRISTOPHER 47402	MEDICAL DOCTOR	TARPON SPRINGS	FL	202220968	AC FILED
SAPUTA, CHRISTOPHER 47402	MEDICAL DOCTOR	TARPON SPRINGS	FL	202220968	AC FILED
SAPUTA, CHRISTOPHER 47402	MEDICAL DOCTOR	TARPON SPRINGS	FL	202220968	AC FILED
SAPUTA, CHRISTOPHER 47402	MEDICAL DOCTOR	TARPON SPRINGS	FL	202220963	AC FILED
SAPUTA, CHRISTOPHER 47402	MEDICAL DOCTOR	TARPON SPRINGS	FL	202220963	AC FILED
SAPUTA, CHRISTOPHER 47402	MEDICAL DOCTOR	TARPON SPRINGS	FL	202220963	AC FILED
SAPUTA, CHRISTOPHER 47402	MEDICAL DOCTOR	TARPON SPRINGS	FL	202220978	AC FILED
SAPUTA, CHRISTOPHER 47402	MEDICAL DOCTOR	TARPON SPRINGS	FL	202220978	AC FILED
SAPUTA, CHRISTOPHER 47402	MEDICAL DOCTOR	TARPON SPRINGS	FL	202220978	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.

[Back](#)

For instructions on how to request a license certification of your Florida license to be sent to another state from the Florida Department of Health, please visit the [License Certifications web page](#).



Department of Health

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