



## DEVINA KOMALAWATI SIREGAR MCCRAY

### License Number: ME107029

Data As Of 8/27/2025

Profession	Medical Doctor
License	ME107029
License Status	Clear/Active
License Expiration Date	1/31/2026
License Original Issue Date	04/28/2010
Address of Record	661 E. Altamonte Drive Suite 231 ALTAMONTE SPRINGS, FL 32701
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

### Secondary Locations

#### Address

380 Celebration Pl 2nd floor  
CELEBRATION, FL 34747

#### Address

2501 N Orange Avenue Suite 201  
ORLANDO, FL 32804

#### Address

960 Rinehart Rd Suite 104  
LAKE MARY, FL 32746

### 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
VAN DYKE, TRAVIS BOYD	SUBORDINATE	MEDICAL DOCTOR	92680	2/1/2018
WIESE, JON DICK MD	SUBORDINATE	MEDICAL DOCTOR	54060	2/1/2018

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

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