



OBINNA UCHENNA NWOB

License Number: ME106633

Data As Of 5/5/2026

Profession	Medical Doctor
License	ME106633
License Status	Probation/Active
License Expiration Date	1/31/2028
License Original Issue Date	03/17/2010
Address of Record	1121 1st St South WINTER HAVEN, FL 33880
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	Yes
Public Complaint	Yes

Secondary Locations

[Address](#)

572 OCOEE COMMERCEE PARKWAY OCOEE
OCOEE, FL 34761

[Address](#)

1000 EXECUTIVE DRIVE SUITE 8
OVIEDO, FL 32765

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
NWOBI, OBINNA UCHENNA	106633	MEDICAL DOCTOR	WINTER HAVEN	FL	201913237	OBLIGATIONS IMPOSED
NWOBI, OBINNA UCHENNA	106633	MEDICAL DOCTOR	WINTER HAVEN	FL	202110277	PROBATION

Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
NWOBI, OBINNA UCHENNA	106633	MEDICAL DOCTOR	WINTER HAVEN	FL	202110277	AC FILED
NWOBI, OBINNA UCHENNA	106633	MEDICAL DOCTOR	WINTER HAVEN	FL	201913237	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.

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