Florida HEALTH Department of Health

CHERIAN K SAJAN

License Number: ME109651

Data As Of 11/3/2026

Profession	Medical Doctor
License	ME109651
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2027
License Original Issue Date	04/15/2011
Address of Record	1693 LEE ROAD SUITE B WINTER PARK, FL 32789-2260
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

Secondary Locations

Address
6026 New 1st Place Suite 20
GAINESVILLE, FL 32607

Address
1530 Citrus Medical Ct. Suite 101
OCOEE, FL 34761-4548

Address
451 South Milwee Street Suite 1010
LONGWOOD , FL 32750-4137

Address
1170 S. Semoran Blvd.
ORLANDO, FL 32807

Address
151 LaGrande Blvd
LADY LAKE, FL 32159

Address
7964 Summerlin Lakes Drive
FORT MYERS , FL 33907-1816

Address
2721 Del Prado Blvd South Suite 200
CAPE CORAL, FL 33904

Address
9400 Bonita Beach Road Suite 101
BONITA SPRINGS , FL 34135-4520

Address
5365 W. Atlantic Ave Suite 501
DELRAY BEACH , FL 33484-8194

Address
13945 US Highway 441 Suite 102
LADY LAKE , FL 32159-8924

Address
1693 Lee Road Suite A
WINTER PARK , FL 32789-2260

Address
6550 North Federal Highway Suite 522
FT LAUDERDALE, FL 33308
Address
5948 Turkey Lake Road
ORLANDO, FL 32819-4202
Address
150 SW Chamber Ct. Suite 105
PORT ST. LUCIE, FL 34986-3413
Address
2692 West Lake Mary Blvd.
LAKE MARY , FL 32746-3535
Address
13945 N. US Highway 441
LADY LAKE , FL 32159-8924
Address
5365 West Atlanitc Ave Suite 504
DELRAY BEACH , FL 33484-8194
Address
1910 SW 18th Court Suite 200
OCALA, FL 34471-7857
Address
440 SW Perimeter Glen
LAKE CITY , FL 32025-0497
Address
918 Rolling Acres Road Suite 102
LADY LAKE , FL 32159-5027
Address
1503 Buenos Aires Blvd. Suite 150
LADY LAKE , FL 32159-6823

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
CARRIL, RAUL A PA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9100714	10/22/2026

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

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