



PAUL T. DREYER

License Number: ME116056

Data As Of 8/4/2025

Profession	Medical Doctor
License	ME116056
License Status	Clear/Active
License Expiration Date	1/31/2027
License Original Issue Date	05/09/2013
Address of Record	17321 Pagonia Rd Suite 261 CLERMONT, FL 34711
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

[Address](#)

203 ERNESTINE ST
ORLANDO, FL 32801

[Address](#)

4301 VINELAND RD SUITE E-17
ORLANDO, FL 32811

[Address](#)

640 EXECUTIVE PARK COURT
APOPKA, FL 32703

[Address](#)

4970 S US HIGHWAY 1792
CASSELBERRY, FL 32707

[Address](#)

2548 N ORANGE BLOSSOM TRAIL SUITE 400
ORLANDO, FL 32804

[Address](#)

11616 LAKE UNDERHILL RD BLDG 2 SUITE 206
ORLANDO, FL 32825

[Address](#)

39 SKYLINE DR SUITE 1001
LAKE MARY, FL 32746

[Address](#)

4100 METRIC DR SUITE 100
WINTER PARK, FL 32792

[Address](#)

5135 ADANSON ST SUITE 700
ORLANDO, FL 32804

[Address](#)

7560 RED BUG LAKE ROAD
OVIEDO, FL 32765

[Address](#)

1701 W 1ST STREET
SANFORD, FL 32771

[Address](#)

750 S NORTH LAKE BLVD SUITE 1024
ALTAMONTE SPRINGS, FL 32701

[Address](#)

1065 WEST ORANGE BLOSSOM TRAIL
APOPKA, FL 32712

[Address](#)

1200 DELTONA BLVD SUITE 53
DELTONA, FL 32725

[Address](#)

2200 NORTH ALAFAYA TRAIL SUITE 600
ORLANDO, FL 32826

[Address](#)

419 EAST 1ST STREET
SANFORD, FL 32771

[Address](#)

5600 WEST COLONIAL DRIVE SUITE 101
ORLANDO, FL 32808

[Address](#)

6448 ALOMA AVE
WINTER PARK, FL 32792

[Address](#)

201 N Park Ave Suite 206
APOPKA, FL 32703

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.

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