BRIAN SCHMIDT

License Number: OS12224

Data As Of 8/24/2025

Profession Osteopathic Physician

License Status Clear/Active
License Expiration Date 3/31/2026
License Original Issue Date 06/14/2013

Address of Record 6015 Pointe West Blvd BRADENTON, FL 34209

Controlled Substance Prescriber No

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No
Public Complaint Yes

Secondary Locations

No secondary locations found.

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

No Discipline Found

Public Complaints

Name	License	Profession	City	State	Case#	Action Taken
SCHMIDT, BRIAN	12224	OSTEOPATHIC	BRADENTON	FL	202243087	AC FILED
		PHYSICIAN				

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
BOWN, KENT DOUGLAS	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9101655	10/9/2021

Name	Relationship	Profession	License	Effective Date
LYNCH, MCKENZIE RETINO	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9114528	10/6/2021

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

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