



MICHAEL KEVIN EDNIE

License Number: ME118264

Data As Of 1/11/2026

Profession	Medical Doctor
License	ME118264
License Status	Clear/Active
License Expiration Date	1/31/2028
License Original Issue Date	12/09/2013
Address of Record	906 Eden Dr INVERNESS, FL 34452
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

2701 E ATLANTIC BLVD STE 100
POMPANO BEACH, FL 33062

Address

5542 S FLAMINGO RD RM 2
COOPER CITY, FL 33330

Address

10036 WATER WORKS LN
RIVERVIEW, FL 33578

Address

10377 S US HIGHWAY 1 STE 101
PORT SAINT LUCIE, FL 34952

Address

3727 SE OCEAN BLVD STE 102
STUART, FL 34996

Address

1350 N ORANGE AVE STE 236A
WINTER PARK, FL 32789

Address

744 NE 125TH ST STE 5
NORTH MIAMI, FL 33161

Address

421 MONTGOMERY ROAD STE 125
ALTAMONTE SPRINGS, FL 32714

Address

1845 CORDOVA RD STE 210 STUDIO 117
FORT LAUDERDALE, FL 33316

Address

2200 HAVENDALE BLVD NW
WINTER HAVEN, FL 33881

Address

358 SAN LORENZO AVE STE 3225-14
CORAL GABLES, FL 33146

Address

525 N PARK AVE STE 120

WINTER PARK, FL 32789

[Address](#)

2800 BISCAYNE BLVD STE 303

MIAMI, FL 33137

[Address](#)

234 N RHODES AVE UNIT 105

SARASOTA, FL 34237

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
DUQUESNAY, DANIELLE AMANDA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9108492	3/30/2022
INNIS, JAMIE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9111601	3/30/2022

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

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