



STEVEN DABNEY BAXTER

License Number: DN14090

Data As Of 5/13/2025

Profession	Dentist
License	DN14090
License Status	DISCP RELINQ/
License Expiration Date	2/28/2018
License Original Issue Date	07/17/1995
Address of Record	If further information is needed, please contact the Department of Health at (850) 488-0595.
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	Yes
Public Complaint	Yes

Secondary Locations

Address

8801 Commodity Circle
ORLANDO, FL 32819

Address

1111 PERSON STREET
KISSIMMEE, FL 34741

Address

1650 SAND LAKE ROAD, STE. 106
ORLANDO, FL 32809

Address

1231 BLACKWOOD AVE
OCOE, FL 34761

Address

7602 WEST SAND LAKE ROAD
ORLANDO, FL 32819

Address

7450 Dr. Phillips Boulevard Suite 215
ORLANDO, FL 32819

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
BAXTER, STEVEN DABNEY	14090	DENTIST	ORLANDO	FL	200912647	OBLIGATION(S) SATISFIED
BAXTER, STEVEN DABNEY	14090	DENTIST	ORLANDO	FL	201405347	OBLIGATIONS IMPOSED
BAXTER, STEVEN DABNEY	14090	DENTIST	ORLANDO	FL	201613649	VOLUNTARY SURRENDER
BAXTER, STEVEN DABNEY	14090	DENTIST	ORLANDO	FL	201713546	VOLUNTARY SURRENDER

Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
BAXTER, STEVEN DABNEY	14090	DENTAL	ORLANDO	FL	201713546	AC FILED
BAXTER, STEVEN DABNEY	14090	DENTAL	ORLANDO	FL	200912647	AC FILED
BAXTER, STEVEN DABNEY	14090	DENTAL	ORLANDO	FL	201405347	AC FILED
BAXTER, STEVEN DABNEY	14090	DENTAL	ORLANDO	FL	201613649	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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