



DUSTIN WEBSTER CAMPBELL MAY

License Number: OS13262

Data As Of 6/12/2025

Profession	Osteopathic Physician
License	OS13262
License Status	CLEAR/Active
Qualifications	Dispensing Practitioner
License Expiration Date	3/31/2026
License Original Issue Date	04/08/2015
Address of Record	503 ALMERIA AVE. CORAL GABLES, FL 33134
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

901 S STATE RD 7
PLANTATION, FL 33317

Address

9771 W. Flagler
MIAMI, FL 33174

Address

6240 Coral Ridge Dr
CORAL SPRINGS, FL 33076

Address

12555 C Biscayne Blvd
N. MIAMI, FL 33181

Address

10081 W Oakland Park Blvd
SUNRISE, FL 33351

Address

18851 S. Dixie Hwy
CUTLER BAY, FL 33157

Address

5216 N. Federal Hwy
FT LAUDERDALE, FL 33308

Address

4640 COMMERCIAL BLVD
TAMARAC, FL 33317

Address

5817 N UNIVERSITY DR
TAMARAC, FL 33321

Address

4036 W. Hillsboro Blvd.
DEERFIELD BEACH, FL 33442

Address

3470 NW 62nd Ave
MARGATE, FL 33063

Address

2502 N. Federal Hwy
LIGHTHOUSE POINT, FL 33064

[Address](#)

9650 Pines Blvd
PEMBROKE PINES, FL 33024

[Address](#)

2502 N. State Rd 7
HOLLYWOOD, FL 33021

[Address](#)

7007 W. Broward Blvd
PLANTATION, FL 33317

[Address](#)

6300 N. Andrews Ave
FT LAUDERDALE, FL 33309

[Address](#)

415 E. Hallandale Beach Blvd.
HALLANDALE BEACH, FL 33009

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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