



## CHARLES WILLIAM DAVIS II

License Number: ME129293

Data As Of 4/21/2026

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|--|--|
| Profession   | Medical Doctor                                   |
| License  | ME129293   |
| License Status   | Clear/Active                                     |
| Qualifications   | Dispensing Practitioner                          |
| License Expiration Date  | 1/31/2028  |
| License Original Issue Date  | 07/27/2016                                       |
| Address of Record  | 2629 Windguard Circle<br>WESLEY CHAPEL, FL 33544 |
| Controlled Substance Prescriber<br>(for the Treatment of Chronic Non-malignant Pain) | Yes  |
| Discipline on File   | Yes  |
| Public Complaint   | Yes  |

### Secondary Locations

**Address**

8370 W. Hillsborough Ave.  
TAMPA, FL 33615

**Address**

1661 Davenport Drive  
TRINITY, FL 33615

### Discipline/Admin Action

#### Emergency Actions

No Emergency Actions Found

#### Discipline Cases

| Name                   | License | Profession     | City          | State | Case #    | Action Taken            |
|------------------------|---------|----------------|---------------|-------|-----------|-------------------------|
| DAVIS, CHARLES WILLIAM | 129293  | MEDICAL DOCTOR | WESLEY CHAPEL | FL    | 201720299 | OBLIGATION(S) SATISFIED |

#### Public Complaints

| Name                   | License | Profession     | City          | State | Case #    | Action Taken |
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| DAVIS, CHARLES WILLIAM | 129293  | MEDICAL DOCTOR | WESLEY CHAPEL | FL    | 201720299 | 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.

## Subordinate Practitioners

| Name                | Relationship                    | Profession          | License | Effective Date |
|---------------------|---------------------------------|---------------------|---------|----------------|
| BIALIK, JOHN H      | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9116544 | 3/5/2026       |
| QUEST, MIKAELA ROSE | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9116083 | 7/29/2022      |

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

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