CHARLES WILLIAM DAVIS II

License Number: ME129293

Data As Of 8/4/2025

Profession Medical Doctor
License ME129293
License Status Clear/Active

Qualifications Dispensing Practitioner

License Expiration Date 1/31/2026
License Original Issue Date 07/27/2016

Address of Record 2629 Windguard Circle

WESLEY CHAPEL, FL 33544

Yes

Controlled Substance Prescriber

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File Yes
Public Complaint Yes

Secondary Locations

Address

4700 N. Habana Ave. Suite 202 TAMPA, FL 33614

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 |
|----------------|---------|------------|---------------|-------|-----------|--------------|
| DAVIS, CHARLES | 129293 | MEDICAL | WESLEY CHAPEL | FL | 201720299 | AC FILED |
| WILLIAM | | DOCTOR | | | | |

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 |
|---------------------|---------------------------------|---------------------|---------|----------------|
| DAVIDE, ELIZABETH | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9119487 | 1/20/2025 |
| 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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