Florida HEALTH Department of Health

# MICHAEL TYLER

## License Number: ME129926

*Data As Of 10/30/2026*

| | |
|---|---|
| Profession | Medical Doctor |
| License | ME129926 |
| License Status | Clear/Active |
| Qualifications | Dispensing Practitioner |
| License Expiration Date | 1/31/2027 |
| License Original Issue Date | 09/27/2016 |
| Address of Record | 5850 Coral Ridge Drive<br>Suite 106<br>CORAL SPRINGS, FL 33076 |
| Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain) | No |
| Discipline on File | No |
| Public Complaint | No |

## Secondary Locations

Address
2951 NW 49th Avenue Suite 308
LAUDERDALE LAKES, FL 33313

Address
990 North Federal Highway
POMPANO BEACH, FL 33062

Address
9970 Central Park Blvd North Suite 402
BOCA RATON, FL 33428

Address
1801 W. SAMPLE ROAD SUITE 202
DEERFIELD BEACH, FL 33064

Address
8393 W Oakland Park Blvd
SUNRISE, FL 33351

## 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 |
|---|---|---|---|---|
| CALDERON, LINDA | DISPENSING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9112368 | 9/25/2019 |
| CALDERON, LINDA | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9112368 | 9/25/2019 |
| KENT, JEIMY P | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9110698 | 10/6/2017 |

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

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.

## Secondary Locations

Address
2951 NW 49th Avenue Suite 308
LAUDERDALE LAKES, FL 33313
Address
990 North Federal Highway
POMPANO BEACH, FL 33062
Address
9970 Central Park Blvd North Suite 402
BOCA RATON, FL 33428
Address
1801 W. SAMPLE ROAD SUITE 202
DEERFIELD BEACH, FL 33064
Address
8393 W Oakland Park Blvd
SUNRISE, FL 33351

## 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 |
|---|---|---|---|---|
| CALDERON, LINDA | DISPENSING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9112368 | 9/25/2019 |
| CALDERON, LINDA | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9112368 | 9/25/2019 |
| KENT, JEIMY P | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9110698 | 10/6/2017 |

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

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.