



SAIRA ALQURAESHI KHAN

License Number: ACN1160

Data As Of 5/13/2026

Profession	Area of Critical Need Medical Doctor
License	ACN1160
License Status	Clear/Active
License Expiration Date	1/31/2028
License Original Issue Date	05/29/2019
Address of Record	13275 W. COLONIAL DR COMMUNITY HEALTH CENTERS WINTER GARDEN, FL 34787
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

[Address](#)

710 S Tampa Ave Ste 203
ORLANDO, FL 32805

[Address](#)

7900 Forest City Rd
ORLANDO, FL 32810

[Address](#)

509 Cagan View Rd
CLERMONT, FL 34714

[Address](#)

19108 E. COLONIAL DR. COMMUNITY HEALTH CENTER
ORLANDO, FL 32820

[Address](#)

225 N. FIRST ST COMMUNITY HEALTH CENTER
LEESBURG, FL 34748

[Address](#)

2140 N. DON WICKMAN DR. COMMUNITY HEALTH CENTER
CLERMONT, FL 34711

[Address](#)

212 E. MAIN ST COMMUNITY HEALTH CENTER
TAVARES, FL 32778

[Address](#)

1296 W. BROAD ST COMMUNITY HEALTH CENTER
GROVELAND, FL 34736

[Address](#)

225 E. SEVENTH ST COMMUNITY HEALTH CENTER
APOPKA, FL 32703

[Address](#)

840 MERCY DR. COMMUNITY HEALTH CENTER
ORLANDO, FL 32808

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.

Supervising Practitioners

Name	Relationship	Profession	Effective License Date
COMMUNITY HEALTH CENTERS	AREA OF CRITICAL NEED FACILITY	MEDICAL RELATED PROCESS ENTITY	08/12/2019
COMMUNITY HEALTH CENTERS APOPKA	AREA OF CRITICAL NEED FACILITY	MEDICAL RELATED PROCESS ENTITY	08/12/2019
COMMUNITY HEALTH CENTERS GROVELAND	AREA OF CRITICAL NEED FACILITY	MEDICAL RELATED PROCESS ENTITY	08/12/2019
COMMUNITY HEALTH CENTERS IN CLERMONT	AREA OF CRITICAL NEED FACILITY	MEDICAL RELATED PROCESS ENTITY	08/12/2019
COMMUNITY HEALTH CENTERS, INC.	AREA OF CRITICAL NEED FACILITY	MEDICAL RELATED PROCESS ENTITY	11/15/2020
COMMUNITY HEALTH CENTERS, INC.	AREA OF CRITICAL NEED FACILITY	MEDICAL RELATED PROCESS ENTITY	08/12/2019
COMMUNITY HEALTH CENTERS, INC., BITHLO (AREA OF CRITICAL NEED FACILITY	MEDICAL RELATED PROCESS ENTITY	11/15/2020
COMMUNITY HEALTH CENTERS, INC., TAVARES	AREA OF CRITICAL NEED FACILITY	MEDICAL RELATED PROCESS ENTITY	11/15/2020

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

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