



DON ANTON DAYANTHA WISIDAGAMA

License Number: PA9113883

Data As Of 1/12/2026

Profession	Physician Assistant
License	PA9113883
License Status	Clear/Active
Qualifications	Prescribing
License Expiration Date	1/31/2028
License Original Issue Date	12/04/2020
Address of Record	2438 S Kirkman Rd ORLANDO, FL 32811
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

5102 W SR 46
SANFORD, FL 32771

Address

901 Currency Cir, Unit 1001
LAKE MARY, FL 32746

Address

7460 University Blvd, Ste 110
WINTER PARK, FL 32792

Address

4670 Marigold Ave
POINCIANA, FL 34758

Address

1328 N Woodland Blvd
DELAND, FL 32720

Address

8972 Turkey Lake Rd South Ste A400
ORLANDO, FL 32819

Address

5845 Winter Garden Vineland Rd
WINDERMERE, FL 34786

Address

628 Cagan View Rd; Ste. 3&4
CLERMONT, FL 34714

Address

805 County Rd 466
LADY LAKE, FL 32159

Address

2438 S Kirkman Rd
ORLANDO, FL 32811

Address

92 E Mitchell Hammock Rd #1006
OVIEDO, FL 32765

Address

13935 Landstar Blvd #150
ORLANDO, FL 32824
[Address](#)
410 E Altamonte Dr #1020
ALTAMONTE SPRINGS, FL 32701

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
GOLGOTIU, ADRIAN DAN	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	91383	02/02/2024
GORSTEIN, JAY IRWIN	SUPERVISING PRESCRIBING PRACTITIONER	OSTEOPATHIC PHYSICIAN	15081	07/01/2023
SANCHEZ-HERRERA, PEDRO JOSE	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	134103	11/01/2025
SANCHEZ-HERRERA, PEDRO JOSE	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	134103	10/18/2023

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