



DANIEL E FEITZ SR

License Number: PO2094

Data As Of 2/15/2026

Profession	Podiatric Physician
License	PO2094
License Status	Disc Relinquish/
License Expiration Date	3/31/2026
License Original Issue Date	10/26/1990
Address of Record	If further information is needed, please contact the Department of Health at (850) 488-0595.
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	Yes
Public Complaint	Yes

Secondary Locations

Address

3025 6TH STREET
MARIANNA, FL 32446

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
FEITZ, DANIEL E	2094	PODIATRIC PHYSI	PANAMA CITY	FL	200107686	PROBATION SATISFIED
FEITZ, DANIEL E	2094	PODIATRIC PHYSI	PANAMA CITY	FL	200309949	OBLIGATIONS IMPOSED
FEITZ, DANIEL E	2094	PODIATRIC PHYSI	PANAMA CITY	FL	201825431	VOLUNTARY SURRENDER

Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
FEITZ, DANIEL E	2094	PODIATRIC PHYSICIAN	PANAMA CITY	FL	200309949	AC FILED
FEITZ, DANIEL E	2094	PODIATRIC PHYSICIAN	PANAMA CITY	FL	200107686	AC FILED
FEITZ, DANIEL E	2094	PODIATRIC PHYSICIAN	PANAMA CITY	FL	201825431	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.

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.
