



## DALLAS ELLEN SEIDMAN PARKER

License Number: PA9115088

Data As Of 4/20/2026

Profession	Physician Assistant
License	PA9115088
License Status	Clear/Active
Qualifications	Dispensing Practitioner Prescribing
License Expiration Date	1/31/2028
License Original Issue Date	09/29/2021
Address of Record	92 E Mitchell Hammock Rd STE 1 OVIEDO, FL 32765
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 32720-2203

#### Address

8972 Turkey Lake Rd South; Ste  
ORLANDO, FL 32819

#### Address

5845 Winter Garden Vineland Ro  
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

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	License	Effective Date
YI, DAVID CHANG	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	103801	12/07/2024

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

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