



## JOHN C ENGLAND

### License Number: ME42018

Data As Of 5/10/2025

Profession	Medical Doctor
License	ME42018
License Status	NULL AND VOID/
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2020
License Original Issue Date	04/29/1983
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)	Yes
Discipline on File	Yes
Public Complaint	Yes

### Secondary Locations

#### Address

1160 APALACHEE PARKWAY PATIENT'S FIRST  
TALLAHASSEE, FL 32301

#### Address

1660 W. TENNESSEE STREET PATIENT'S FIRST  
TALLAHASSEE, FL 32304

#### Address

505 APPLEYARD DRIVE PATIENT'S FIRST  
TALLAHASSEE, FL 32304

#### Address

1705 EAST MAHAN DRIVE PATIENT'S FIRST  
TALLAHASSEE, FL 32308

#### Address

2907 KERRY FOREST PARKWAY PATIENT'S FIRST  
TALLAHASSEE, FL 32309

#### Address

1690 NORTH MONROE STREET PATIENT'S FIRST  
TALLAHASSEE, FL 32303

#### Address

3401 CAPITAL CIRCLE NE PATIENT'S FIRST  
TALLAHASSEE, FL 32308

#### Address

3258 NORTH MONROE STREET PATIENT'S FIRST  
TALLAHASSEE, FL 32303

### Discipline/Admin Action

#### Emergency Actions

No Emergency Actions Found

#### Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
ENGLAND, JOHN C	42018	MEDICAL DOCTOR	PANAMA CITY BCH	FL	200217657	OBLIGATION(S) SATISFIED

## Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
ENGLAND, JOHN C	42018	MEDICAL DOCTOR	PANAMA CITY BCH	FL	200217657	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.

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