### **BILL BYRD MD**

## License Number: ME43323

Data As Of 5/30/2025

Profession Medical Doctor
License ME43323
License Status CLEAR/Active

Qualifications Dispensing Practitioner

License Expiration Date 1/31/2026 License Original Issue Date 12/13/1983

Address of Record 1013 N State Rd 434

Ste 1060

ALTAMONTE SPRINGS, FL 32714

Controlled Substance Prescriber (for the Treatment of Chronic Non-

malignant Pain)

Discipline on File Yes
Public Complaint Yes

# **Secondary Locations**

#### Address

3385 S US Highway 17/92 Ste 285 CASSELBERRY, FL 32707

# Discipline/Admin Action

### **Emergency Actions**

No Emergency Actions Found

### **Discipline Cases**

Name	License	Profession	City	State	Case #	Action Taken
BYRD, BILL	43323	MEDICAL DOCTOR	ALTAMONTE SPRINGS	FL	199601029	OBLIGATIONS IMPOSED-OTHR PENAL
BYRD, BILL	43323	MEDICAL DOCTOR	ALTAMONTE SPRINGS	FL	200001524	OBLIGATIONS IMPOSED
BYRD, BILL	43323	MEDICAL DOCTOR	ALTAMONTE SPRINGS	FL	200227864	PROBATION SATISFIED

## **Public Complaints**

Name	License	Profession	City	State	Case #	Action Taken
BYRD, BILL	43323	MEDICAL DOCTOR	ALTAMONTE SPRINGS	FL	200227864	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.

# **Subordinate Practitioners**

Name	Relationship	o Profession	License	Effective e Date
FAMILY PHYSICIANS OF WINTER PARK,	HCCE	HEALTH CARE CLINIC ESTABLISHMENT	2737	11/20/2009
PA		PERMIT		

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

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