### STEPHEN W MESTER

### License Number: ME44535

Data As Of 6/8/2025

Profession Medical Doctor
License ME44535
License Status CLEAR/Active
License Expiration Date 1/31/2026
License Original Issue Date 07/30/1984

Address of Record 635 EICHENFELD DRIVE BRANDON, FL 33511

Controlled Substance Prescriber Yes

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File Yes
Public Complaint No

## **Secondary Locations**

### Address

3920 Galen Court

SUN CITY CENTER, FL 33573

#### Address

13029 Summerfield Sq Dr RIVERVIEW, FL 33578

### Address

10740 Palm River Rd Suite 370 RIVERVIEW, FL 33578

# Discipline/Admin Action

### **Emergency Actions**

No Emergency Actions Found

### **Discipline Cases**

| Name              | License | Profession        | City    | State | Case#     | Action Taken           |
|-------------------|---------|-------------------|---------|-------|-----------|------------------------|
| MESTER, STEPHEN W | 44535   | MEDICAL<br>DOCTOR | BRANDON | FL    | 199962171 | OBLIGATIONS<br>IMPOSED |

### **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.

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