



## WILLIAM CHARLES LEACH MD

## License Number: ME44750

Data As Of 8/4/2025

Profession	Medical Doctor
License	ME44750
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2026
License Original Issue Date	08/29/1984
Address of Record	1801 Lee Road Suite #225 WINTER PARK, FL 32789
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	Yes
Public Complaint	Yes

## Secondary Locations

## Address

345 E. Washington Street FL  
MONTICELLO, FL 32344

## Discipline/Admin Action

## Emergency Actions

No Emergency Actions Found

## Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
LEACH, WILLIAM CHARLES	44750	MEDICAL DOCTOR	WINTER PARK	FL	199959766	OBLIGATION(S) SATISFIED
LEACH, WILLIAM CHARLES	44750	MEDICAL DOCTOR	WINTER PARK	FL	199962375	OBLIGATION(S) SATISFIED
LEACH, WILLIAM CHARLES	44750	MEDICAL DOCTOR	WINTER PARK	FL	199406349	PROBATION - OTHER MAJOR PENALTY
LEACH, WILLIAM CHARLES	44750	MEDICAL DOCTOR	WINTER PARK	FL	105542	PROBATION - OTHER MAJOR PENALTY
LEACH, WILLIAM CHARLES	44750	MEDICAL DOCTOR	WINTER PARK	FL	199115128	PROBATION - OTHER MAJOR PENALTY
LEACH, WILLIAM CHARLES	44750	MEDICAL DOCTOR	WINTER PARK	FL	199115479	PROBATION - OTHER MAJOR PENALTY

## Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
LEACH, WILLIAM CHARLES	44750	MEDICAL DOCTOR	WINTER PARK	FL	199962375	AC FILED
LEACH, WILLIAM CHARLES	44750	MEDICAL DOCTOR	WINTER PARK	FL	199959766	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.

---