



CYNTHIA HEATHER SEILER

License Number: PA9101180

Data As Of 8/27/2025

Profession	Physician Assistant
License	PA9101180
License Status	Clear/Active
Qualifications	Prescribing Dispensing Practitioner
License Expiration Date	1/31/2026
License Original Issue Date	01/19/2000
Address of Record	3090 Caruso Court, Suite 20 ORLANDO REGIONAL HEALTHCARE/ EMERGENCY PHYSICIANS OF CENTRAL FL ORLANDO, FL 32806
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

2323 S Orange Avenue
ORLANDO, FL 32806

Address

2250 Lee Road Suite 98
WINTER PARK, FL 32789

Address

1615 East State Highway 50 Suite 200
CLERMONT, FL 34711

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
WEATHERFORD, TORY LAYNE	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	127556	07/27/2022

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

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