



## RONALD EVAN WHEELER

## License Number: ME46625

Data As Of 1/6/2026

Profession	Medical Doctor
License	ME46625
License Status	Revoked/
License Expiration Date	1/31/2018
License Original Issue Date	06/26/1985
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)	No
Discipline on File	Yes
Public Complaint	Yes

## Secondary Locations

No secondary locations found.

## Discipline/Admin Action

## Emergency Actions

No Emergency Actions Found

## Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
WHEELER, RONALD EVAN	46625	MEDICAL DOCTOR	SARASOTA	FL	201203027	REVOCATION
WHEELER, RONALD EVAN	46625	MEDICAL DOCTOR	SARASOTA	FL	201216053	REVOCATION
WHEELER, RONALD EVAN	46625	MEDICAL DOCTOR	SARASOTA	FL	201306688	REVOCATION
WHEELER, RONALD EVAN	46625	MEDICAL DOCTOR	SARASOTA	FL	201419909	REVOCATION

## Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
WHEELER, RONALD EVAN	46625	MEDICAL DOCTOR	SARASOTA	FL	201306688	AC FILED
WHEELER, RONALD EVAN	46625	MEDICAL DOCTOR	SARASOTA	FL	201306688	AC FILED
WHEELER, RONALD EVAN	46625	MEDICAL DOCTOR	SARASOTA	FL	201203027	AC FILED
WHEELER, RONALD EVAN	46625	MEDICAL DOCTOR	SARASOTA	FL	201203027	AC FILED
WHEELER, RONALD EVAN	46625	MEDICAL DOCTOR	SARASOTA	FL	201216053	AC FILED
WHEELER, RONALD EVAN	46625	MEDICAL DOCTOR	SARASOTA	FL	201216053	AC FILED

Name	License	Profession	City	State	Case #	Action Taken
WHEELER, RONALD EVAN	46625	MEDICAL DOCTOR	SARASOTA	FL	201419909	AC FILED
WHEELER, RONALD EVAN	46625	MEDICAL DOCTOR	SARASOTA	FL	201419909	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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