



## MICHAEL JAMES KING

### License Number: PO4132

Data As Of 8/10/2025

Profession	Podiatric Physician
License	PO4132
License Status	Clear/Active
Qualifications	Dispensing
License Expiration Date	3/31/2026
License Original Issue Date	10/29/2019
Address of Record	247 Maitland Avenue ALTAMONTE SPRINGS, FL 32701
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

### Secondary Locations

#### Address

38105 13th AVE  
ZEPHYRHILLS, FL 33542

#### Address

3491 Gandy Blvd Suite 107  
PINELLAS PARK, FL 33781

#### Address

2835 W DeLeon St Suite 101  
TAMPA, FL 33609

#### Address

205 S Moon Avenue Suite 101  
BRANDON, FL 33511

#### Address

2039 Little Road Ste A  
TRINITY, FL 34655

#### Address

1700 McMullen Booth Rd Ste A2 2  
CLEARWATER, FL 33759

#### Address

1507 Lakeland Hills Blvd Suite 101  
LAKELAND, FL 33805

#### Address

1408 W Reynolds Street Suite A  
PLANT CITY, FL 33563

#### Address

13389 North 56th Street  
TEMPLE TERRACE, FL 33617

#### Address

13049 Summerfield Square  
RIVERVIEW, FL 33578

#### Address

11373 Cortez Blvd Suite 305  
BROOKSVILLE, FL 34613

#### Address

13907 N Dale Mabry Suite 103  
TAMPA, FL 33618

[Address](#)

240 Ponte Vedra Park Drive Unit 150  
PONTE VEDRA, FL 32082

[Address](#)

125 Florida Memorial Pkwy.  
NEW SMYRNA BEACH, FL 32168

[Address](#)

508 Palmetto St.  
NEW SMYRNA BEACH, FL 32168

[Address](#)

11 Florida Park Drive North  
PALM COAST, FL 32137

[Address](#)

595 W. Granada Blvd Suite F  
ORMOND BEACH, FL 32174

[Address](#)

790 Dunlawton Suite C  
PORT ORANGE, FL 32127

[Address](#)

21 Hospital Drive Suite 170A  
PALM COAST, FL 32164

[Address](#)

975 Town Center Dr. Suite 200  
OVIEDO, FL 32762

[Address](#)

1890 LPGA Boulevard Suite 255  
DAYTONA BEACH, FL 32117

[Address](#)

922 E Call Street  
STARKE, FL 32091

[Address](#)

1140 SW Bascom Norris Drive Suite 102  
LAKE CITY, FL 32025

[Address](#)

1807 Salk Avenue  
TAVARES, FL 32778

[Address](#)

213 E Oak Street  
KISSIMMEE, FL 34744

[Address](#)

7350 Sand Lake Commons Blvd Suite 3329  
ORLANDO, FL 32819

[Address](#)

661 E. Altamonte Drive Suite 210  
ALTAMONTE SPRINGS, FL 32701

[Address](#)

15805 Shaddock Drive Suite B  
WINTER GARDEN, FL 34787

[Address](#)

1525 Budinger Avenue  
SAINT CLOUD, FL 34769

[Address](#)

1601 South Apollo Blvd  
MELBOURNE, FL 32901

[Address](#)

1307 S. International Pkwy Suite 1061

LAKE MARY, FL 32746

[Address](#)

8400 Red Bug Lake Road Suite 2030

OVIEDO, FL 32765

[Address](#)

339 Cypress Parkway Suite 240

POINCIANA, FL 34759

[Address](#)

819 East Oak Street Suite B

KISSIMMEE, FL 34744

[Address](#)

7148 Curry Ford Road Suite 300

ORLANDO, FL 32822

[Address](#)

1381 Citrus Tower Blvd Suite 103

CLERMONT, FL 34711

[Address](#)

6000 Turkey Lake Road Suite 108

ORLANDO, FL 32819

[Address](#)

1261 Blackwood Avenue

OCOE, FL 34761

[Address](#)

499 East Central Parkway Suite 120

ALTAMONTE SPRINGS, FL 32701

[Address](#)

10417 Moss Park Road

ORLANDO, FL 32832

[Address](#)

202 N Park Avenue Suite 500

APOKA, FL 32703

[Address](#)

2014 S Orange Avenue Suite 100

ORLANDO, FL 32806

[Address](#)

2111 Glenwood Drive Suite 104

WINTER PARK, FL 32792

[Address](#)

250 N. Alafaya Trail Suite 115

ORLANDO, FL 32828

[Address](#)

4850 North 9th Avenue

PENSACOLA, FL 32503

[Address](#)

10415 Moss Park Road

ORLANDO, FL 32832

## 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.

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