



## JAY CARLTON STINE JR

### License Number: ME50219

Data As Of 4/25/2025

Profession	Medical Doctor
License	ME50219
License Status	RETIRED/
License Expiration Date	1/31/2024
License Original Issue Date	02/26/1987
Address of Record	No current practice location in Florida - 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
STINE, JAY CARLTON	50219	MEDICAL DOCTOR	WINTER HAVEN	FL	200901803	OBLIGATION(S) SATISFIED
STINE, JAY CARLTON	50219	MEDICAL DOCTOR	WINTER HAVEN	FL	200901795	OBLIGATION(S) SATISFIED
STINE, JAY CARLTON	50219	MEDICAL DOCTOR	WINTER HAVEN	FL	200916255	OBLIGATION(S) SATISFIED

#### Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
STINE, JAY CARLTON	50219	MEDICAL DOCTOR	WINTER HAVEN	FL	200901795	AC FILED
STINE, JAY CARLTON	50219	MEDICAL DOCTOR	WINTER HAVEN	FL	200916255	AC FILED
STINE, JAY CARLTON	50219	MEDICAL DOCTOR	WINTER HAVEN	FL	200901803	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.

Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
HAINES CITY INTERNAL MEDICINE, P.A.	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT	2448	10/6/2009

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

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