



RANDALL B WHITNEY

License Number: ME8859

Data As Of 6/28/2025

Profession	Medical Doctor
License	ME8859
License Status	Null And Void/
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2019
License Original Issue Date	12/31/1973
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)	Yes
Discipline on File	Yes
Public Complaint	Yes

Secondary Locations

Address

502 S. MAGNOLIA AVENUE WOMEN'S CENTER OF HYDE PARK
TAMPA, FL 33606

Address

108 NW PINE AVENUE OCALA WOMEN'S CENTER
OCALA, FL 34475

Address

609 VIRGINIA DRIVE EPOC CLINIC
ORLANDO, FL 32803

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
WHITNEY, RANDALL B.	8859	MEDICAL DOCTOR	ORLANDO	FL	18306	SUSPENSION-OTHER PENALTY IMPOSED
WHITNEY, RANDELL B.	8859	MEDICAL DOCTOR	ORLANDO	FL	15606	SUSPENSION-OTHER PENALTY IMPOSED
WHITNEY, RANDALL B	8859	MEDICAL DOCTOR	ORLANDO	FL	37303	PROBATION - OTHER MAJOR PENALTY
WHITNEY, RANDALL B	8859	MEDICAL DOCTOR	ORLANDO	FL	201018780	OBLIGATIONS IMPOSED
WHITNEY, RANDALL B	8859	MEDICAL DOCTOR	ORLANDO	FL	201528395	SUSPENSION

Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
WHITNEY, RANDALL B	8859	MEDICAL DOCTOR	ORLANDO	FL	201528395	AC FILED

Name	License	Profession	City	State	Case #	Action Taken
WHITNEY, RANDALL B	8859	MEDICAL DOCTOR	ORLANDO	FL	201018780	AC FILED
WHITNEY, RANDALL B	8859	MEDICAL DOCTOR	ORLANDO	FL	201018780	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.