

VIVEK S DESAI MD

License Number: ME61521

Data As Of 11/27/2025

Profession Medical Doctor
License ME61521
License Status Clear/Active

Qualifications Dispensing Practitioner

License Expiration Date 1/31/2027 License Original Issue Date 02/21/1992

Address of Record 1267 W. OSCEOLA PARKWAY

KISSIMMEE, FL 34741

No

Controlled Substance Prescriber

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File Yes
Public Complaint Yes

Secondary Locations

Address

11325 LAKE UNDERHILL ROAD SUITE 103 ORLANDO, FL 32825

Address

13750 W. COLONIAL DRIVE SUITE 205

WINTER GARDEN, FL 34787

Address

3801 W. LAKE MARY BLVD. SUITE 123

LAKE MARY, FL 32746

Address

2322 EAST IRLO BRONSON MEMORIAL HIGHWAY

KISSIMMEE, FL 34744

Address

620 S. Hunt Club Blvd APOPKA, FL 32703

Address

145 Palm Bay Road MELBOURNE, FL 32904

Address

131 SW Port St. Lucie Blvd PORT ST. LUCIE, FL 32984

Address

10325 San Jose Bvld JACKSONVILLE, FL 32257

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

Name	License	Profession	City	State	Case#	Action Taken
DESAI, VIVEK S	61521	MEDICAL DOCTOR	KISSIMMEE	FL	200429988	OBLIGATION(S) SATISFIED

Public Complaints

Name	License	Profession	City	State	Case#	Action Taken
DESAI, VIVEK S	61521	MEDICAL DOCTOR	KISSIMMEE	FL	200429988	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
CRILE, COLBY	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9109879	11/15/2016
MOORE, CAITLYN POWER	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9108166	3/11/2019

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

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