



## STEVE ELLIOT MEADOWS M.D.

License Number: ME67441

Data As Of 4/20/2026

Profession	Medical Doctor
License	ME67441
License Status	Clear/Active
License Expiration Date	1/31/2028
License Original Issue Date	12/14/1994
Address of Record	4800 LINTON BLVD. BLDG. A-201 DELRAY BEACH, FL 33445
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

### Secondary Locations

No secondary locations found.

### 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.

### Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
BARTL, JUSTIN MICHAEL	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9104893	8/21/2018
GUAMAN, EDISSON ANDRES MR	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9110396	11/17/2017
PREWITT, JOSHUA BRAS	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9113173	8/3/2020

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

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