



## DONALD JAMES PERRY MD

License Number: ME67984

Data As Of 5/23/2026

Profession	Medical Doctor
License	ME67984
License Status	Clear/Active
License Expiration Date	1/31/2027
License Original Issue Date	03/24/1995
Address of Record	3150 Waterman Way AdventHealth Medical Group TAVARES, FL 32778
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
PERRY, DONALD JAMES	67984	MEDICAL DOCTOR	TAVARES	FL	199715422	OBLIGATIONS IMPOSED
PERRY, DONALD JAMES	67984	MEDICAL DOCTOR	TAVARES	FL	200561599	OBLIGATION(S) SATISFIED

#### Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
PERRY, DONALD JAMES	67984	MEDICAL DOCTOR	TAVARES	FL	200561599	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	Effective License	Date
KEY, JOSIE MAKENNA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9117558	6/29/2023
MANIAR, SHIVALI PATEL	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9108970	4/15/2019
RADNOTHY-PERRY ORTHOPAEDIC CENTER, P.A.	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT	4004	10/20/2010

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

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