



DOUGLAS EDWARD GEARTY

License Number: ME68039

Data As Of 4/27/2026

Profession	Medical Doctor
License	ME68039
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2028
License Original Issue Date	04/03/1995
Address of Record	3000 Hunters Creek Blvd 3000 HUNTERS CREEK BLVD SUITE1 ORLANDO, FL 32837
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	Yes
Public Complaint	Yes

Secondary Locations

Address

10775 Narcoossee Rd Suite 200
ORLANDO, FL 32832

Address

147 Moray Lane
WINTER PARK, FL 32792

Address

10775 Narcoossee Rd ste 214
ORLANDO, FL 32832

Address

10775 Narcoossee Rd ste 210
ORLANDO, FL 32832

Address

2916 17TH STREET
SAINT CLOUD, FL 34769

Address

1148 CELEBRATION BLVD
CELEBRATION, FL 34747

Address

2572 W. STATE RD. 426 STE 3000
OVIEDO, FL 32765

Address

1188 COMMERCE PARK DR Suite 3001
ALTAMONTE SPRINGS, FL 32714

Address

630 Main Street
ALTAMONTE SPRINGS, FL 32701

Address

820 Lucerne Terrace
ORLANDO, FL 32801

Address

12601 Narcoossee Road Building 100B Unit 3
ORLANDO, FL 32832

Address

2914 17th Street
SAINT CLOUD, FL 34769

Address

2918 17th Street
SAINT CLOUD, FL 34769

Address

2920 17th Street
SAINT CLOUD, FL 34769

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
GEARITY, DOUGLAS EDWARD	68039	MEDICAL DOCTOR	ORLANDO	FL	200302007	OBLIGATIONS IMPOSED
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GEARITY, DOUGLAS EDWARD	68039	MEDICAL DOCTOR	ORLANDO	FL	200302007	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
HICKMAN, HANNAH CHRISTINE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9117897	3/26/2024

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

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