



ERIK JON STUMPF

License Number: ME71547

Data As Of 6/29/2025

Profession	Medical Doctor
License	ME71547
License Status	Deceased/
License Expiration Date	1/31/2018
License Original Issue Date	09/18/1996
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	No
Public Complaint	No

Secondary Locations

Address

FL HOSP CENTRA CARE-FORMOSA 7848 W. IRLO BRONSON HWY
KISSIMMEE, FL 34747

Address

FL HOSP CENTRA CARE-LEE ROAD 2540 LEE ROAD
WINTER PARK, FL 32789

Address

FL HOSP CENTRA CARE-LBV II 12500 S APOPKA-VINELAND ROAD
ORLANDO, FL 32836

Address

FL HOSP CENTRA CARE-SAND LAKE 2301 SAND LAKE ROAD
ORLANDO, FL 32809

Address

FL HOSP CENTRA CARE-STC 308 NORTH ENTRANCE ROAD
SANFORD, FL 32771

Address

FL HOSP CENTRA CARE-VINELAND 6001 VINELAND ROAD SUITE 108
ORLANDO, FL 32819

Address

FL HOSP CENTRA CARE-WEST 50 9580 W. COLONIAL DRIVE
OCOE, FL 34761

Address

FL HOSP CENTRA CARE-WATERFORD 250 NORTH ALAFAYA TRAIL SUITE 135
ORLANDO, FL 32825

Address

FL HOSP CENTRA CARE-IN ROOM 12139 S APOPKA-VINELAND ROAD
ORLANDO, FL 32836

Address

FL HOSP CENTRA CARE-LONGWOOD 855 SOUTH US HWY 17-92
LONGWOOD, FL 32750

Address

FL HOSP CENTRA CARE-KISSIMMEE 4320 W. VINE STREET
KISSIMMEE, FL 34746

Address

FL HOSP CENTRA CARE-AZALEA 509 S. SEMORAN BLVD

ORLANDO, FL 32807

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.

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