



MUHAMMAD AMIR KHAN

License Number: ME74021

Data As Of 4/21/2026

Profession	Medical Doctor
License	ME74021
License Status	Clear/Active
Qualifications	Dispensing Practitioner Letter of Qualification STATE OF PRINCIPAL LICENSURE
License Expiration Date	1/31/2027
License Original Issue Date	08/22/1997
Address of Record	8866 Darlene Dr ORLANDO, FL 32836
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
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
CENTRAL FLORIDA INTERNISTS, INC	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT	3866	8/31/2010
CENTRAL FLORIDA INTERNISTS, INC	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT	3865	8/31/2010
CENTRAL FLORIDA INTERNISTS, INC	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT	3871	8/31/2010
CENTRAL FLORIDA INTERNISTS, INC	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT	3864	8/31/2010
MENDEZ, GINA VERONICA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9106567	3/3/2025

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

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.

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
CENTRAL FLORIDA INTERNISTS, INC	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT	3866	8/31/2010
CENTRAL FLORIDA INTERNISTS, INC	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT	3865	8/31/2010
CENTRAL FLORIDA INTERNISTS, INC	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT	3871	8/31/2010

Name	Relationship	Profession	License	Effective Date
CENTRAL FLORIDA INTERNISTS, INC	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT	3864	8/31/2010
MENDEZ, GINA VERONICA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9106567	3/3/2025

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

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.