



CURTIS LEE BEAUREGARD

License Number: ME74193

Data As Of 6/25/2025

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|--|---|
| Profession | Medical Doctor |
| License | ME74193 |
| License Status | Clear/Active |
| Qualifications | Dispensing Practitioner |
| License Expiration Date | 1/31/2027 |
| License Original Issue Date | 09/16/1997 |
| Address of Record | 12468 Brantley Commons Ct FORT MYERS, FL 33907 |
| Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain) | No |
| Discipline on File | Yes |
| Public Complaint | Yes |

Secondary Locations

Address

1405 W. Colonial Drive Suite B
ORLANDO, FL 32804

Address

16105 N Florida Ave Suite A
LUTZ, FL 33549

Address

141 E Central Ave Suite 310
WINTER HAVEN, FL 33880

Address

1711 Amazing Way Suite 209
OCOE, FL 34761

Address

3155 Harbor Blvd. Suite 101
PORT CHARLOTTE, FL 33952

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

| Name | License | Profession | City | State | Case # | Action Taken |
|------------------------|---------|----------------|------------|-------|-----------|---------------------|
| BEAUREGARD, CURTIS LEE | 74193 | MEDICAL DOCTOR | FORT MYERS | FL | 201201435 | PROBATION SATISFIED |

Public Complaints

| Name | License | Profession | City | State | Case # | Action Taken |
|------------------------|---------|----------------|------------|-------|-----------|--------------|
| BEAUREGARD, CURTIS LEE | 74193 | MEDICAL DOCTOR | FORT MYERS | FL | 201201435 | AC FILED |

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 |
|-------------------|---------------------------------|---------------------|---------|----------------|
| DORRANCE, LEWIS J | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 2335 | 1/3/2024 |

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

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