



## GARRY BEAUBRUN ANTOINE

### License Number: ACN675

Data As Of 7/26/2025

Profession	Area of Critical Need Medical Doctor
License	ACN675
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2026
License Original Issue Date	06/26/2015
Address of Record	5844 N ORANGE BLOSSOM TRL NORTHWEST FAMILY HEALTH CENTER, LLC ORLANDO, FL 32810
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

### Secondary Locations

#### Address

1630 Mason Ave Ste B  
DAYTONA BEACH, FL 32117

#### Address

106 Park Place Blvd. Suite C  
DAVENPORT, FL 33837

#### Address

1130 SOUTH SEMORAN BLVD SUITES B&C ORLANDO FAMILY PHYSICIANS  
ORLANDO, FL 32807

#### Address

910 W. VINE STREET ORLANDO FAMILY PHYSICIANS, LLC  
KISSIMMEE, FL 34741

#### Address

790 BUENAVENTURA BLVD ORLANDO FAMILY PHYSICIANS  
KISSIMMEE, FL 34743

#### Address

1502 VILLAGE OAK LANE ORLANDO FAMILY PHYSICIANS  
KISSIMMEE, FL 34746

#### Address

4063 N GOLDENROD ROAD SUITE 1  
WINTER PARK, FL 32792

### 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.

## Supervising Practitioners

Name	Relationship	Profession	Effective License Date
KENNEDY WALK IN CLINIC	AREA OF CRITICAL NEED FACILITY	MEDICAL RELATED PROCESS ENTITY	01/01/2015
NORTHWEST FAMILY HEALTH CENTER, LLC	AREA OF CRITICAL NEED FACILITY	MEDICAL RELATED PROCESS ENTITY	11/12/2020
ORLANDO FAMILY PHYSICIANS	AREA OF CRITICAL NEED FACILITY	MEDICAL RELATED PROCESS ENTITY	11/12/2020

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

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