



## GRIGORY GELIKMAN

### License Number: ME85172

Data As Of 7/8/2025

Profession	Medical Doctor
License	ME85172
License Status	Clear/Active
License Expiration Date	1/31/2026
License Original Issue Date	06/13/2002
Address of Record	725 EAST OAK STREET KISSIMMEE, FL 34744
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

### Secondary Locations

#### Address

7932 WEST SANDLELAKE RD STE 202  
ORLANDO, FL 32819

#### Address

7824 LAKE UNDERHILL RD STE J  
ORLANDO, FL 32828

#### Address

106 BOSTON AVE SUITE 100  
ALTAMONTE SPRINGS, FL 32701

#### Address

531 WEKIVA COMMONS CIRCLE  
SUMTERVILLE, FL 33585

#### Address

3900 Lake Center Dr.  
MOUNT DORA, FL 32757

#### Address

1403 Medical Plaza Unit 107  
SANFORD, FL 32771

#### Address

1655 E STATE RD 50 STE 201  
CLERMONT, FL 34711

#### Address

2205 N BOULEVARD WEST  
DAVENPORT, FL 33837

#### Address

3106 17TH STREET  
SAINT CLOUD, FL 34769

#### Address

530 OCOEE COMMERCE PARKWAY  
OCOEE, FL 34761

### 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
AGUILAR, BETHANY NICOLE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9114457	5/17/2023
KOLICH, ELIZABETH LAYNE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9117293	5/17/2023
MURPHY, ANNETTE SUZANNE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9106337	4/25/2016
NICHOLSON, LILLIAN	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9117659	2/28/2024

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

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