



## WALTER C HAYNE

License Number: ME86209

Data As Of 11/23/2024

Profession	Medical Doctor
License	ME86209
License Status	CLEAR/Active
License Expiration Date	1/31/2027
License Original Issue Date	10/08/2002
Address of Record	2501 North Orange Ave suite 389 ORLANDO, FL 32804
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

## Secondary Locations

### Address

661 East Altamonte Drive suite 231  
ALTAMONTE SPRINGS, FL 32701

### Address

960 Rinehart road Suite 2030  
LAKE MARY, FL 32746

## 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
MATHIS, VICTORIA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9112913	4/8/2020
TONNO, VICTORIA ANGELA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9118120	11/30/2023

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

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