



NICHOLAS TRINH

License Number: ME87310

Data As Of 7/19/2025

Profession	Medical Doctor
License	ME87310
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2027
License Original Issue Date	03/28/2003
Address of Record	4320 W Vine St KISSIMMEE, FL 34746
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

1000 Universal Studios Plaza #3
ORLANDO, FL 32819

Address

3099 Aloma Avenue
WINTER PARK, FL 32789

Address

3005 Daniels Road
WINTER GARDEN, FL 34787

Address

250 N. Alafaya Trail Suite 135
ORLANDO, FL 32825

Address

4451 West 1st Street
SANFORD, FL 32771

Address

2301 Sand Lake Road
ORLANDO, FL 32809

Address

8010 Red Bug Road
OVIEDO, FL 32765

Address

19015 US Highway 441
MOUNT DORA, FL 32757

Address

855 S. US Highway 17-92
LONGWOOD, FL 32750

Address

2540 Lee Road
WINTER PARK, FL 32789

Address

12500 S. Apopka Vineland Road
ORLANDO, FL 32836

Address

4320 W. Vine Street
KISSIMMEE, FL 34746

[Address](#)

3293 Greenwald Way North
KISSIMMEE, FL 34741

[Address](#)

8201 W. Irlo Bronson Highway
KISSIMMEE, FL 34747

[Address](#)

8701 Maitland Summit Boulevard
ORLANDO, FL 32810

[Address](#)

8014 Conroy-Windermere Road Suite 104
ORLANDO, FL 32819

[Address](#)

5810 S. Semoran Boulevard
ORLANDO, FL 32822

[Address](#)

630 N. Bumby Avenue
ORLANDO, FL 32803

[Address](#)

15701 State Road 50 Suite 101
CLERMONT, FL 34711

[Address](#)

509 S. Semoran Boulevard
ORLANDO, FL 32807

[Address](#)

440 W. Highway 436
ALTAMONTE SPRINGS, FL 32714

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
MANRESA, JOHN JOSEPH	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9104747	8/10/2016

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.