Florida HEALTH Department of Health

DANIEL TODD GRIFFITH

License Number: ME87491

Data As Of 11/4/2026

Profession	Medical Doctor
License	ME87491
License Status	Clear/Active
License Expiration Date	1/31/2027
License Original Issue Date	04/29/2003
Address of Record	2701 W Busch Blvd Suite 144 TAMPA, FL 33618
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	Yes
Public Complaint	Yes
Alerts	Enforcement Alert 11/30/2017 11:08:36 AM Restriction on Practice (PRN) - Respondent's practice is restricted in that Respondent may only practice medicine while in compliance with the terms of Respondent's contract with the Professionals Resource Network ("PRN").

Secondary Locations

No secondary locations found.

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
GRIFFITH, DANIEL TODD	87491	MEDICAL DOCTOR	TAMPA	FL	201400239	OBLIGATION(S) SATISFIED
GRIFFITH, DANIEL TODD	87491	MEDICAL DOCTOR	TAMPA	FL	201415915	OBLIGATION(S) SATISFIED
GRIFFITH, DANIEL TODD	87491	MEDICAL DOCTOR	TAMPA	FL	201400206	OBLIGATION(S) SATISFIED
GRIFFITH, DANIEL TODD	87491	MEDICAL DOCTOR	TAMPA	FL	201403757	OBLIGATION(S) SATISFIED
GRIFFITH, DANIEL TODD	87491	MEDICAL DOCTOR	TAMPA	FL	201320343	OBLIGATION(S) SATISFIED
GRIFFITH, DANIEL TODD	87491	MEDICAL DOCTOR	TAMPA	FL	201403313	OBLIGATION(S) SATISFIED
GRIFFITH, DANIEL TODD	87491	MEDICAL DOCTOR	TAMPA	FL	201319063	OBLIGATION(S) SATISFIED
GRIFFITH, DANIEL TODD	87491	MEDICAL DOCTOR	TAMPA	FL	201401502	OBLIGATION(S) SATISFIED
GRIFFITH, DANIEL TODD	87491	MEDICAL DOCTOR	TAMPA	FL	201402923	OBLIGATION(S) SATISFIED

Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
GRIFFITH, DANIEL TODD	87491	MEDICAL DOCTOR	TAMPA	FL	201400206	AC FILED
GRIFFITH, DANIEL TODD	87491	MEDICAL DOCTOR	TAMPA	FL	201403757	AC FILED
GRIFFITH, DANIEL TODD	87491	MEDICAL DOCTOR	TAMPA	FL	201415915	AC FILED
GRIFFITH, DANIEL TODD	87491	MEDICAL DOCTOR	TAMPA	FL	201320343	AC FILED
GRIFFITH, DANIEL TODD	87491	MEDICAL DOCTOR	TAMPA	FL	201319063	AC FILED
GRIFFITH, DANIEL TODD	87491	MEDICAL DOCTOR	TAMPA	FL	201402923	AC FILED
GRIFFITH, DANIEL TODD	87491	MEDICAL DOCTOR	TAMPA	FL	201403313	AC FILED
GRIFFITH, DANIEL TODD	87491	MEDICAL DOCTOR	TAMPA	FL	201400239	AC FILED
GRIFFITH, DANIEL TODD	87491	MEDICAL DOCTOR	TAMPA	FL	201401502	AC FILED

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.

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.

Secondary Locations

No secondary locations found.

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
GRIFFITH, DANIEL TODD	87491	MEDICAL DOCTOR	TAMPA	FL	201400239	OBLIGATION(S) SATISFIED
GRIFFITH, DANIEL TODD	87491	MEDICAL DOCTOR	TAMPA	FL	201415915	OBLIGATION(S) SATISFIED
GRIFFITH, DANIEL TODD	87491	MEDICAL DOCTOR	TAMPA	FL	201400206	OBLIGATION(S) SATISFIED

Name	License	Profession	City	State	Case #	Action Taken
GRIFFITH, DANIEL TODD	87491	MEDICAL DOCTOR	TAMPA	FL	201403757	OBLIGATION(S) SATISFIED
GRIFFITH, DANIEL TODD	87491	MEDICAL DOCTOR	TAMPA	FL	201320343	OBLIGATION(S) SATISFIED
GRIFFITH, DANIEL TODD	87491	MEDICAL DOCTOR	TAMPA	FL	201403313	OBLIGATION(S) SATISFIED
GRIFFITH, DANIEL TODD	87491	MEDICAL DOCTOR	TAMPA	FL	201319063	OBLIGATION(S) SATISFIED
GRIFFITH, DANIEL TODD	87491	MEDICAL DOCTOR	TAMPA	FL	201401502	OBLIGATION(S) SATISFIED
GRIFFITH, DANIEL TODD	87491	MEDICAL DOCTOR	TAMPA	FL	201402923	OBLIGATION(S) SATISFIED

Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
GRIFFITH, DANIEL TODD	87491	MEDICAL DOCTOR	TAMPA	FL	201400206	AC FILED
GRIFFITH, DANIEL TODD	87491	MEDICAL DOCTOR	TAMPA	FL	201403757	AC FILED
GRIFFITH, DANIEL TODD	87491	MEDICAL DOCTOR	TAMPA	FL	201415915	AC FILED
GRIFFITH, DANIEL TODD	87491	MEDICAL DOCTOR	TAMPA	FL	201320343	AC FILED
GRIFFITH, DANIEL TODD	87491	MEDICAL DOCTOR	TAMPA	FL	201319063	AC FILED
GRIFFITH, DANIEL TODD	87491	MEDICAL DOCTOR	TAMPA	FL	201402923	AC FILED
GRIFFITH, DANIEL TODD	87491	MEDICAL DOCTOR	TAMPA	FL	201403313	AC FILED
GRIFFITH, DANIEL TODD	87491	MEDICAL DOCTOR	TAMPA	FL	201400239	AC FILED
GRIFFITH, DANIEL TODD	87491	MEDICAL DOCTOR	TAMPA	FL	201401502	AC FILED

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.

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.