



## CATHERINE WANG

### License Number: ME88090

Data As Of 5/10/2025

Profession	Medical Doctor
License	ME88090
License Status	CLEAR/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2027
License Original Issue Date	07/08/2003
Address of Record	10131 W. COLONIAL DRIVE SUITE 201 OCOE, FL 34761-4221
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

### Secondary Locations

#### Address

2917 EDGEWATER DRIVE  
ORLANDO, FL 32804

#### Address

160 BOSTON AVENUE  
ALTAMONTE SPRINGS, FL 32701

### 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
FLORIDA EYE CLINIC, PA	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT	4527	8/5/2011

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

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