MICHAEL MADISON HOLLOWAY

License Number: ME89480

Data As Of 8/25/2025

Profession Medical Doctor
License ME89480
License Status Clear/Active

Qualifications Dispensing Practitioner

License Expiration Date 1/31/2026 License Original Issue Date 01/12/2004

Address of Record 2139-B N.E. 2ND STREET

OCALA, FL 34470

No

Controlled Substance Prescriber

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File Yes
Public Complaint Yes

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 |
|------------------------------|---------|-------------------|-------|-------|-----------|----------------------------|
| HOLLOWAY, MICHAEL MADISON | 89480 | MEDICAL DOCTOR | OCALA | FL | 200917758 | OBLIGATION(S) SATISFIED |

Public Complaints

| Name | License | Profession | City | State | Case # | Action Taken |
|-------------------|---------|------------|-------|-------|-----------|--------------|
| HOLLOWAY, MICHAEL | 89480 | MEDICAL | OCALA | FL | 200917758 | AC FILED |
| MADISON | | DOCTOR | | | | |

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 |
|---------------------|---------------------------------|---------------------|---------|----------------|
| WANN, JENNIFER ANNE | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9111266 | 8/22/2018 |

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

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