

TEODORO MEDINA MONTANO

License Number: ACN793

Data As Of 9/11/2026

Profession	Area of Critical Need Medical Doctor
License	ACN793
License Status	Clear/Active
License Expiration Date	1/31/2028
License Original Issue Date	04/07/2016
Address of Record	1729 David Walker Dr TAVARES, FL 32778
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

Secondary Locations

[Address](#)

3223 Hillsdale Lane
KISSIMMEE, FL 34741

[Address](#)

1344 E Vine St
KISSIMMEE, FL 34744

[Address](#)

7625 SW 62nd Court Ste 100
OCALA, FL 34476

[Address](#)

106 N. Old Kings Road Suite B
ORMOND BEACH, FL 32174

[Address](#)

2984 S. Ridgewood Avenue Suite 1
EDGEWATER, FL 32141

[Address](#)

729 Beville Road East
SOUTH DAYTONA, FL 32119

[Address](#)

811 N. Summit Street
CRESCENT CITY, FL 32112

[Address](#)

1375 Cassatt Avenue
JACKSONVILLE, FL 32205

[Address](#)

8011 Merrill Road Suite 11
JACKSONVILLE, FL 32277

[Address](#)

1542 Kingsley Avenue #146
ORANGE PARK, FL 32073

[Address](#)

2 McCormick Drive
PALM COAST, FL 32164

[Address](#)

747 Fawn Ridge Drive Suite 200

ORANGE CITY, FL 32763

[Address](#)

308 N 2nd Street

FLAGLER BEACH, FL 32136

[Address](#)

4542 Alba Street

PACE, FL 32571

[Address](#)

461 E Ten Mile Road

PENSACOLA, FL 32534

[Address](#)

507 N. Navy Blvd

PENSACOLA, FL 32507

[Address](#)

925 N Stone Street

DELAND, FL 32720

[Address](#)

927 N Spring Garden Ave

DELAND, FL 32720

[Address](#)

700 Sterthaus Drive

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[Address](#)

245 N Causeway

NEW SMYRNA BEACH, FL 32169

[Address](#)

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[Address](#)

62 Spring Vista Drive Suite 100

DEBARY, FL 32713

[Address](#)

21815 S.E. 71st Avenue

HAWTHORNE, FL 32640

[Address](#)

2460 Old Moultrie Road Suite 5

ST AUGUSTINE, FL 32086

[Address](#)

406 Palmetto Street Suite A & B

NEW SMYRNA BEACH, FL 32168

[Address](#)

1737 Clyde Moris Blvd. Suite 150

DAYTONA BEACH, FL 32117

[Address](#)

1500 Beville Road

DAYTONA BEACH, FL 32114

[Address](#)

264 Palm Coast Parkway NE Unit A

PALM COAST, FL 32137

[Address](#)

21 Hospital Drive Suite 240

PALM COAST, FL 32164

[Address](#)

1114 SR 20 300

INTERLACHEN, FL 32148

[Address](#)

530 Zeagler Drive Suite A

PALATKA, FL 32177

Address

199 US Hwy 17 South Suite A
EAST PALATKA, FL 32131

Address

467 N St Suite A
GREEN COVE SPRINGS, FL 32043

Address

1037 W US Hwy 90 Suite 130
LAKE CITY, FL 32055

Address

18700 Veterans Blvd Suite 9
PORT CHARLOTTE, FL 33954

Address

2336 Surfside Blvd D103
CAPE CORAL, FL 33991

Address

810 NW 16th Avenue
GAINESVILLE, FL 32601

Address

7109 NW 11th Place Suite E
GAINESVILLE, FL 32605

Address

4110 E State Road 44 Suite A & B
WILDWOOD, FL 34785

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.

Supervising Practitioners

Name	Relationship	Profession	Effective License Date
ROY H HINMAN MD PA DBA ISLAND DOCTORS	AREA OF CRITICAL NEED FACILITY	MEDICAL RELATED PROCESS ENTITY	08/27/2024

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

Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
BENDER, HALEY	PHARMACIST	PHARMACIST	59619	8/26/2026

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

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