



### TODD ALAN WELLIVER M.D.

#### License Number: ME92061

Data As Of 4/20/2026

|  |  |
|--|--|
| Profession   | Medical Doctor                                     |
| License  | ME92061  |
| License Status   | Clear/Active                                       |
| Qualifications   | Dispensing Practitioner                            |
| License Expiration Date  | 1/31/2027  |
| License Original Issue Date  | 11/23/2004   |
| Address of Record  | 11551 SOUTHERN BLVD.<br>ROYAL PALM BEACH, FL 33411 |
| Controlled Substance Prescriber<br>(for the Treatment of Chronic Non-malignant Pain) | No   |
| Discipline on File   | No   |
| Public Complaint   | No   |

#### Secondary Locations

[Address](#)

6300 N ANDREW AVENUE  
FT LAUDERDALE, FL 33309

[Address](#)

2007 PALM BEACH LAKES BLVD. MD NOW  
WEST PALM BCH, FL 33409

[Address](#)

9650 PINES BLVD  
PEMBROKE PINES, FL 33024

[Address](#)

10081 W OAKLAND PARK  
SUNRISE, FL 33351

[Address](#)

7007 W BROWARD BLVD  
PLANTATION, FL 33317

[Address](#)

1770 NE MIAMI GARDENS DR UNIT 1  
NORTH MIAMI BEACH, FL 33179

[Address](#)

6868 FOREST HILL BLVD  
GREEN ACRES, FL 33413

[Address](#)

4036 W. HILLSBORO BLVD.  
DEERFIELD BEACH, FL 33442

[Address](#)

6240 CORAL RIDGE DRIVE #105  
CORAL SPRINGS, FL 33076

[Address](#)

9060 N. MILITARY TRAIL  
PALM BEACH GARDENS, FL 33410

[Address](#)

2272 N. CONGRESS AVE  
BOYNTON BEACH, FL 33426

[Address](#)

7035 BERACASA WAY  
BOCA RATON, FL 33433

[Address](#)

4570 LANTANA ROAD SUITE 233  
LAKE WORTH, FL 33463

[Address](#)

4714 OKEECHOBEE BLVD.  
WEST PALM BEACH, FL 33417

## 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 |
|-------------------------|---------------------------------|---------------------|---------|----------------|
| CIRILLO, KRISTEN JANE   | DISPENSING PHYSICIAN ASSISTANT  | PHYSICIAN ASSISTANT | 2623    | 7/21/2025      |
| CIRILLO, KRISTEN JANE   | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 2623    | 7/24/2025      |
| FACTOR, CIDNEY          | DISPENSING PHYSICIAN ASSISTANT  | PHYSICIAN ASSISTANT | 9117545 | 7/21/2025      |
| FACTOR, CIDNEY          | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9117545 | 1/14/2024      |
| JOHNSON, TYESHIA        | DISPENSING PHYSICIAN ASSISTANT  | PHYSICIAN ASSISTANT | 9112794 | 7/21/2025      |
| JOHNSON, TYESHIA        | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9112794 | 7/21/2025      |
| MEYERS, GIORGIO EDOARDO | DISPENSING PHYSICIAN ASSISTANT  | PHYSICIAN ASSISTANT | 9114882 | 1/1/2026       |
| MEYERS, GIORGIO EDOARDO | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9114882 | 1/1/2026       |
| VALLE, HECTOR ANDRES    | DISPENSING PHYSICIAN ASSISTANT  | PHYSICIAN ASSISTANT | 9112442 | 7/21/2025      |
| VALLE, HECTOR ANDRES    | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9112442 | 11/18/2024     |
| WEXLER, ERIC MICHAEL    | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9112540 | 3/25/2026      |
| ZULUAGA, MAURICIO       | DISPENSING PHYSICIAN ASSISTANT  | PHYSICIAN ASSISTANT | 9117007 | 7/21/2025      |
| ZULUAGA, MAURICIO       | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9117007 | 1/14/2024      |

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

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