



KENT WADE FOSTER

License Number: ME100760

Data As Of 5/4/2025

Profession	Medical Doctor
License	ME100760
License Status	CLEAR/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2026
License Original Issue Date	01/11/2008
Address of Record	1450 6th St SE WINTER HAVEN, FL 33880-4505
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

9668 N US Highway 301 Suite 100
WILDWOOD, FL 34785

Address

1501 6th Street SE
WINTER HAVEN, FL 33880

Address

2508A SAND MINE ROAD
DAVENPORT, FL 33897

Address

3725 S US Hwy 27 Suite 105
CLERMONT, FL 34711

Address

24880 Burnt Pine Drive Suite #1
BONITA SPRINGS, FL 34134

Address

700 SE 5th Terrace Unit 7
CRYSTAL RIVER, FL 34429

Address

927 S US HIGHWAY 41
INVERNESS, FL 34450

Address

6020 PARK BLVD N
PINELLAS PARK, FL 33781-3228

Address

836 CR 466
LADY LAKE, FL 32159

Address

4316 Highland Park Blvd
LAKELAND, FL 33813

Address

6821 Buffalo Road Unit 7
PALMETTO, FL 34221

Address

6743 US Highway 98 N
LAKELAND, FL 33809

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
RICHARDSON, DAVID PAUL	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9109993	3/1/2023

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

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