



DAVID CHANG YI

License Number: ME103801

Data As Of 4/12/2025

Profession	Medical Doctor
License	ME103801
License Status	CLEAR/Active
License Expiration Date	1/31/2027
License Original Issue Date	02/23/2009
Address of Record	92 E. Mitchell-Hammock Road Suite 1006 OVIEDO, FL 32765
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

[Address](#)

2438 S Kirkman Rd
ORLANDO, FL 32811

[Address](#)

13935 Landstar Blvd #150
ORLANDO, FL 32824

[Address](#)

7460 University Blvd Suite 110
WINTER PARK, FL 32792

[Address](#)

901 Currency Circle Unit 1001
LAKE MARY, FL 32746

[Address](#)

5102 W State Road 46
SANFORD, FL 32771

[Address](#)

410 E Altamonte Drive Suite 1020
ALTAMONTE SPRINGS, FL 32701

[Address](#)

8972 Turkey Lake Road Suite A400
ORLANDO, FL 32819

[Address](#)

805 County Road 466
LADY LAKE, FL 32159

[Address](#)

1328 N Woodland Blvd
DELAND, FL 32720

[Address](#)

628 Cagan View Rd Suite 3 & 4
CLERMONT, FL 34714

[Address](#)

5845 Winter Garden Vineland Rd
WINDERMERE, FL 34786

[Address](#)

4670 Marigold Ave
POINCIANA, FL 34758

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
JOHNSON, CHRISTOPHER LEE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9110531	11/29/2023
SEIDMAN, DALLAS	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9115088	12/7/2024

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

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