JAVIER MILLER

License Number: ME106675

Data As Of 9/9/2025

Profession Medical Doctor
License ME106675
License Status Clear/Active
License Expiration Date 1/31/2026
License Original Issue Date 03/22/2010
Address of Record 303 E Par St.

ORLANDO, FL 32804

Controlled Substance Prescriber Yes

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

Secondary Locations

Address

1000 W BROADWAY ST STE 150 Clermont, FI OVIEDO, FL 32765

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
LEUNG, BRIAN CHI-HAU	SUBORDINATE	MEDICAL DOCTOR	106310	3/9/2021

Name	Relationship	Profession	Effective License Date
NORBY, ELIZABETH VICTORIA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9112238 11/4/2019
WINTER PARK UROLOGY ASSOCIATES, P.A.	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT	9/5/2011

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

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