



PAUL NICHOLAS PASSAFIUME

License Number: ME111631

Data As Of 4/21/2026

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|--|--|
| Profession | Medical Doctor |
| License | ME111631 |
| License Status | Null And Void/ |
| License Expiration Date | 1/31/2016 |
| License Original Issue Date | 12/05/2011 |
| Address of Record | If further information is needed, please contact the Department of Health at (850) 488-0595. |
| Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain) | No |
| Discipline on File | No |
| Public Complaint | No |

Secondary Locations

[Address](#)

440 W. HIGHWAY 436
ALTAMONTE SPRINGS, FL 32714

[Address](#)

509 S. SEMORAN BLVD.
ORLANDO, FL 32807

[Address](#)

15701 STATE ROAD 50 SUITE #101
CLERMONT, FL 34711

[Address](#)

630 N. BUMBY AVENUE
ORLANDO, FL 32803

[Address](#)

5810 S. SEMORAN BLVD.
ORLANDO, FL 32822

[Address](#)

8014 CONROY-WINDERMERE ROAD SUITE 104
ORLANDO, FL 32819

[Address](#)

8701 MAITLAND SUMMIT BLVD.
ORLANDO, FL 32810

[Address](#)

8201 W. IRLO BRONSON HIGHWAY
KISSIMMEE, FL 34747

[Address](#)

3293 GREENWALD WAY NORTH
KISSIMMEE, FL 34741

[Address](#)

4320 VINE STREET
KISSIMMEE, FL 34746

[Address](#)

12500 S. APOPKA VINELAND ROAD
ORLANDO, FL 32836

[Address](#)

2540 LEE ROAD

WINTER PARK, FL 32789

[Address](#)

855 S. US HIGHWAY 17-92

LONGWOOD, FL 32750

[Address](#)

19015 U.S HIGHWAY 441

MOUNT DORA, FL 32757

[Address](#)

8010 RED BUG ROAD

OVIEDO, FL 32765

[Address](#)

2301 SAND LAKE ROAD

ORLANDO, FL 32809

[Address](#)

4451 WEST 1ST STREET

SANFORD, FL 32771

[Address](#)

11550 UNIVERSITY BLVD.

ORLANDO, FL 32817

[Address](#)

250 N. ALAFAYA TRAIL SUITE 135

ORLANDO, FL 32825

[Address](#)

3005 DANIELS ROAD

WINTER GARDEN, FL 34787

[Address](#)

3099 ALOMA AVENUE

WINTER PARK, FL 32789

[Address](#)

1000 UNIVERSAL STUDIOS PLZ#3

ORLANDO, FL 32819

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.

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and

enforcement database.

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