



ANDREW RICHARD STYPEREK

License Number: ME113817

Data As Of 8/15/2025

Profession	Medical Doctor
License	ME113817
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2026
License Original Issue Date	07/30/2012
Address of Record	429 2nd St NW WINTER HAVEN, FL 33881
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

1101 S Ponce De Leon Blvd. Ste
ST AUGUSTINE, FL 32084

Address

5825 US Highway 27 N
SEBRING, FL 33872

Address

7711 Baymeadows Rd E Ste 6
JACKSONVILLE, FL 32256

Address

655 N Clyde Morris Blvd Suite B
DAYTONA BEACH, FL 32114

Address

950 SE 5th Ave
DELRAY BEACH, FL 33483

Address

4255 Kings Hwy
PORT CHARLOTTE, FL 33980

Address

2910 SE 3rd Ct suite a
OCALA, FL 34471

Address

3268 Forum Blvd Suite 201 RIVERCHASE DERMATOLOGY
FORT MYERS, FL 33905

Address

22191 Powerline Road, Suite 29C Clearlyderm
BOCA RATON, FL 33433

Address

5220 SUMMERLIN COMMONS BLVD 4th Floor Riverchase Dermatology
FORT MYERS, FL 33907

Address

4601 Military Trail Ste 203
JUPITER, FL 33458

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
STROHMAIER, AMY RENEE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9104736	10/24/2019

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

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.