Florida HEALTH Department of Health

HUMBERTO ANTONIO LIRIANO-FANDUIZ JR

License Number: ME112624

Data As Of 11/7/2026

Profession	Medical Doctor
License	ME112624
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2028
License Original Issue Date	04/05/2012
Address of Record	1245 West Fairbanks Avenue Ste. 500 WINTER PARK, FL 34787
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Discipline on File	Yes
Public Complaint	Yes

Secondary Locations

Address

1245 West Fairbanks Avenue Ste. 500
WINTER PARK , FL 34787

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
LIRIANO-FANDUIZ, HUMBERTO ANTONIO	112624	MEDICAL DOCTOR	WINTER PARK	FL	202220469	OBLIGATION(S) SATISFIED
LIRIANO-FANDUIZ, HUMBERTO ANTONIO	112624	MEDICAL DOCTOR	WINTER PARK	FL	202220469	OBLIGATION(S) SATISFIED
LIRIANO-FANDUIZ, HUMBERTO ANTONIO	112624	MEDICAL DOCTOR	WINTER PARK	FL	202220469	OBLIGATION(S) SATISFIED
LIRIANO-FANDUIZ, HUMBERTO ANTONIO	112624	MEDICAL DOCTOR	WINTER PARK	FL	202220469	OBLIGATION(S) SATISFIED

Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
LIRIANO-FANDUIZ, HUMBERTO ANTONIO	112624	MEDICAL DOCTOR	WINTER PARK	FL	202220469	AC FILED

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
CARIE, SHANNON RACHELLE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9106871	8/1/2026
MEDAN, DAU'WD	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9101976	10/22/2026

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.

Secondary Locations

Address

1245 West Fairbanks Avenue Ste. 500

WINTER PARK , FL 34787

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
LIRIANO-FANDUIZ, HUMBERTO ANTONIO	112624	MEDICAL DOCTOR	WINTER PARK	FL	202220469	OBLIGATION(S) SATISFIED
LIRIANO-FANDUIZ, HUMBERTO ANTONIO	112624	MEDICAL DOCTOR	WINTER PARK	FL	202220469	OBLIGATION(S) SATISFIED
LIRIANO-FANDUIZ, HUMBERTO ANTONIO	112624	MEDICAL DOCTOR	WINTER PARK	FL	202220469	OBLIGATION(S) SATISFIED
LIRIANO-FANDUIZ, HUMBERTO ANTONIO	112624	MEDICAL DOCTOR	WINTER PARK	FL	202220469	OBLIGATION(S) SATISFIED

Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
LIRIANO-FANDUIZ, HUMBERTO ANTONIO	112624	MEDICAL DOCTOR	WINTER PARK	FL	202220469	AC FILED

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
CARIE, SHANNON RACHELLE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9106871	8/1/2026
MEDAN, DAU'WD	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9101976	10/22/2026

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.