



## CYNTHIA M MILLS

### License Number: PA9111376

Data As Of 7/2/2025

Profession	Physician Assistant
License	PA9111376
License Status	Clear/Active
Qualifications	Prescribing
License Expiration Date	1/31/2026
License Original Issue Date	07/10/2018
Address of Record	5900 S. John Young Pkwy ORLANDO, FL 32839
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

### Secondary Locations

#### Address

13750 W. Colonial Dr. suite 250  
WINTER GARDEN, FL 34787

#### Address

1267 W. Osceola Pkwy  
KISSIMMEE, FL 34741

#### Address

3801 Lake Mary Blvd Suite 123  
LAKE MARY, FL 32746

#### Address

8956 Turkey Lake Rd Suite 950  
ORLANDO, FL 32819

#### Address

131 SW Port Lucie Blvd  
PORT SAINT LUCIE, FL 34984

#### Address

1500 W. Alafaya Trail  
OVIEDO, FL 32765

#### Address

620 Hunt Club Blvd  
APOPKA, FL 32703

#### Address

2322 E. Irlo Bronson Mem Hwy  
KISSIMMEE, FL 34744

#### Address

13025 San Jose Blvd  
JACKSONVILLE, FL 32257

#### Address

145 Palm Bay Rd Suite 110 W  
MELBOURNE, FL 32904

#### Address

11325 Lake Underhill Rd  
ORLANDO, FL 32825

#### Address

11140 Beach Blvd  
JACKSONVILLE, FL 32246  
[Address](#)  
7806 Lake Underhill Road  
ORLANDO, FL 32822

## 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.

## Supervising Practitioners

Name	Relationship	Profession	License	Effective Date
SOREMI, OLUDAPO FOLARIN	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	73889	05/07/2025

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

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