



DAVID ESTALILLA

License Number: PA9112510

Data As Of 12/13/2025

Profession	Physician Assistant
License	PA9112510
License Status	Clear/Active
Qualifications	Prescribing
License Expiration Date	1/31/2028
License Original Issue Date	09/12/2019
Address of Record	Orlando Regional Medical Ctr 52 W Underwood St ORLANDO, FL 32806
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

1000 W Broadway St Ste 105A
OVIEDO, FL 32765

Address

7234 Della Dr Ste B
ORLANDO, FL 32819

Address

7236 Stonerock Cir
ORLANDO, FL 32819

Address

1001 East Osceola Pkwy
KISSIMMEE, FL 34744

Address

Orlando Health Heart Institute 1222 S Orange Ave
ORLANDO, FL 32806

Address

9679 Lake Nona Village Pl Ste 105
ORLANDO, FL 32827

Address

725 Rodel Cove Ste 201
LAKE MARY, FL 32746

Address

17000 Porter Road Ste 201
WINTER GARDEN, FL 34787

Address

100 N Dean Rd Ste 202
ORLANDO, FL 32825

Address

2080 Oakley Seaver Dr Ste 120 & 130
CLERMONT, FL 34711

Address

South Lake Hospital 1900 Don Wickham Dr
CLERMONT, FL 34711

[Address](#)

61 Riley Rd
KISSIMMEE, FL 34747

[Address](#)

591 Outer Rd Ste A
ORLANDO, FL 32814

[Address](#)

1000 W Colonial Dr Ste 282
OCOE, FL 34761

[Address](#)

Health Central Hospital 1000 W Colonial Dr
OCOE, FL 34761

[Address](#)

South Seminole Hospital 555 W SR 434
LONGWOOD, FL 32750

[Address](#)

521 W State Rd 434 Ste 306 & 307
LONGWOOD, FL 32750

[Address](#)

5151 Winter Garden Vineland Rd Ste 103
WINDERMERE, FL 34786

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.

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