



## JOHN WILBUR DODSON MD

### License Number: ME37618

Data As Of 8/20/2025

|  |   |
|--|---|
| Profession   | Medical Doctor  |
| License  | ME37618   |
| License Status   | DELINQUENT/   |
| Qualifications   | Dispensing Practitioner                                     |
| License Expiration Date  | 1/31/2025   |
| License Original Issue Date  | 01/05/1981  |
| Address of Record  | MEDEXPRESS INC<br>26812 US HWY 19 N<br>CLEARWATER, FL 33761 |
| Controlled Substance Prescriber<br>(for the Treatment of Chronic Non-<br>malignant Pain) | No  |
| Discipline on File   | Yes   |
| Public Complaint   | No  |

### Secondary Locations

#### Address

12375 S. CLEVELAND AVENUE  
FORT MYERS, FL 33907

#### Address

2200 TAMiami TRAIL  
PORT CHARLOTTE, FL 33948

#### Address

1530 4TH STREET N.  
SAINT PETERSBURG, FL 33704

#### Address

10500 ULMERTON ROAD  
LARGO, FL 33770

#### Address

801 WEST MARTIN LUTHER KING BLVD. MED EXPRESS URGENT CARE - SEFFNER  
SEFFNER, FL 33584

#### Address

206 EAST BRANDON BLVD. MED EXPRESS URGENT CARE - BRANDON  
BRANDON, FL 33511

#### Address

13856 N. DALE MABRY HIGHWAY MED EXPRESS URGENT CARE - CARROLLWOOD  
CARROLLWOOD, FL 33618

#### Address

22945 STATE ROAD 54 MEDEXPRESS URGENT CARE - LUTZ  
LUTZ, FL 33549

#### Address

20677 BRUCE B. DOWNS BLVD. MED EXPRESS URGENT CARE - NEW TAMPA  
TAMPA, FL 33647

#### Address

2810 west MED EXPRESS URGENT CARE - WEST TAMPA  
TAMPA, FL 33607

#### Address

13610 BRUCE B. DOWNS BLVD. MED EXPRESS URGENT CARE - NORTHSIDE USF  
TAMPA, FL 33613

Address

313 SW PINE ISLAND ROAD  
CAPE CORAL, FL 33991

Address

1120 HOMESTEAD ROAD NORTH  
LEHIGH ACRES, FL 33936

Address

8849 STATE ROAD 52  
HUDSON, FL 34667

Address

5616 TUSCOLA BOULEVARD  
NORTH PORT, FL 34287

Address

13005 COLLIER BLVD. MED EXPRESS URGENT CARE  
NAPLES, FL 34116

Address

7720 MERRILL ROAD MED EXPRESS URGENT CARE  
JACKSONVILLE, FL 32277

Address

11985 ATLANTIC BOULEVARD MED EXPRESS URGENT CARE  
JACKSONVILLE, FL 32225

Address

19985 SOUTH TAMiami TRAIL MED EXPRESS URGENT CARE  
ESTERO, FL 33928

Address

1150 US HIGHWAY 1 MED EXPRESS URGENT CARE  
VERO BEACH, FL 32960

Address

1809 N. UNIVERSITY DRIVE MED EXPRESS URGENT CARE  
CORAL SPRINGS, FL 33071

Address

1328 NORTH WOODLAND BLVD. MED EXPRESS URGENT CARE  
DELAND, FL 32720

Address

19090 STATE ROAD 7 MED EXPRESS URGENT CARE  
BOCA RATON, FL 33498

Address

4520 DONALD ROSS ROAD, SUITE 100 MED EXPRESS URGENT CARE  
PALM BEACH GARDENS, FL 33418

Address

7593 BOYNTON BEACH BLVD., SUITE 190 MED EXPRESS URGENT CARE  
BOYNTON BEACH, FL 33437

Address

1021 NORTH STATE ROAD 7 MED EXPRESS URGENT CARE  
ROYAL PALM BEACH, FL 33411

Address

960 W. SUGARLAND HWY MED EXPRESS URGENT CARE  
CLEWISTON, FL 33440

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

| Name | License | Profession | City | State | Case # | Action Taken |
|------|---------|------------|------|-------|--------|--------------|
|------|---------|------------|------|-------|--------|--------------|

| Name                | License | Profession        | City       | State | Case #    | Action Taken           |
|---------------------|---------|-------------------|------------|-------|-----------|------------------------|
| DODSON, JOHN WILBUR | 37618   | MEDICAL<br>DOCTOR | CLEARWATER | FL    | 200102592 | OBLIGATIONS<br>IMPOSED |

## 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 |
|-----------------------|--------------|----------------|---------|----------------|
| NEZOWITZ, GREGG DAVID | SUBORDINATE  | MEDICAL DOCTOR | 75671   | 6/16/2021      |

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

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