Florida HEALTH Department of Health

# MICHAEL M GUTIERREZ

## License Number: ME50355

*Data As Of 11/23/2026*

| | |
|---|---|
| Profession | Medical Doctor |
| License | ME50355 |
| License Status | Clear/Active |
| License Expiration Date | 1/31/2028 |
| License Original Issue Date | 04/27/1987 |
| Address of Record | 100 W. GORE ST.<br>602<br>ORLANDO, FL 32806 |
| Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain) | No |
| Discipline on File | Yes |
| Public Complaint | Yes |

## Secondary Locations

Address
519 N DIXIE FWY
NEW SMYRNA BEACH, FL 32168

Address
91 Scenic Gulf Dr Suite 200
MIRAMAR BEACH, FL 32550

## Discipline/Admin Action

### Emergency Actions

No Emergency Actions Found

### Discipline Cases

| Name | License | Profession | City | State | Case # | Action Taken |
|---|---|---|---|---|---|---|
| GUTIERREZ, MICHAEL M | 50355 | MEDICAL DOCTOR | ORLANDO | FL | 200910381 | OBLIGATION(S) SATISFIED |

### Public Complaints

| Name | License | Profession | City | State | Case # | Action Taken |
|---|---|---|---|---|---|---|
| GUTIERREZ, MICHAEL M | 50355 | MEDICAL DOCTOR | ORLANDO | FL | 200910381 | 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 |
|---|---|---|---|---|
| CRILE, COLBY | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9109879 | 12/12/2016 |
| HOPSON, BRENT DAVIN | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9105356 | 10/31/2018 |
| MID-FLORIDA DERMATOLOGY ASSOCIATES, P.A | HCCE | HEALTH CARE CLINIC ESTABLISHMENT PERMIT | 1707 | 3/9/2009 |
| RAUSCH, KRISTYN MARIE | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9111621 | 10/18/2018 |

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

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