



## OLIVER MILTON REED

License Number: ME53426

Data As Of 4/30/2026

Profession	Medical Doctor
License	ME53426
License Status	Clear/Active
License Expiration Date	1/31/2028
License Original Issue Date	06/21/1988
Address of Record	12900 Cortez Blvd Ste 205 BROOKSVILLE, FL 34613
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

### Secondary Locations

#### Address

14095 Cortez Blvd  
BROOKSVILLE, FL 34613

### 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.

### Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
BROUGHTON, BRANDI LEE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9104237	12/1/2023
BUSSEY, JESSICA ANNE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9109724	12/1/2023
STOUGH, JOSHUA DEA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9117649	12/1/2023

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

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