VIRIND DHARAYSHEEL GUPTA

License Number: ME57638

Data As Of 9/5/2025

Profession Medical Doctor
License ME57638
License Status Clear/Active

Qualifications Dispensing Practitioner

License Expiration Date 1/31/2026
License Original Issue Date 06/27/1990

Address of Record 4541 BEE RIDGE ROAD SARASOTA, FL 34233

Yes

Yes

Controlled Substance Prescriber

(for the Treatment of Chronic Non-

malignant Pain)

Authorized to Order (Medical and

Low-THC Cannabis)

Discipline on File Yes
Public Complaint No

Secondary Locations

No secondary locations found.

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

| Name | License | Profession | City | State | Case# | Action Taken |
|------------------------------|---------|-------------------|----------|-------|-----------|---------------------------------------|
| GUPTA, VIRIND DHARAYSHEEL | 57638 | MEDICAL DOCTOR | SARASOTA | FL | 199304096 | OBLIGATIONS IMPOSED- APP/RPT/SC |

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 |
|--------------------------------|---------------------------------|------------------------|---------|----------------|
| BEE RIDGE FAMILY PRACTICE, INC | PAIN MANAGEMENT CLINIC | PAIN MANAGEMENT CLINIC | 214 | 1/5/2010 |
| BEE RIDGE FAMILY PRACTICE, INC | PAIN MANAGEMENT CLINIC | PAIN MANAGEMENT CLINIC | 214 | 1/11/2010 |
| FENDT, MEERU D | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 3677 | 7/2/1998 |

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

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