



AYODEJI BABATUNDE OTEGBEYE

License Number: ME58278

Data As Of 12/23/2024

Profession	Medical Doctor
License	ME58278
License Status	CLEAR/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2026
License Original Issue Date	08/20/1990
Address of Record	5900 SOUTH JOHN YOUNG PARKWAY ORLANDO, FL 32839
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

10325 San Jose Blvd
JACKSONVILLE, FL 32257

Address

11140 Beach Blvd
JACKSONVILLE, FL 32246

Address

131 SW Port St. Lucie Blvd
PORT ST. LUCIE, FL 32984

Address

620 S. Hunt Club Blvd
APOPKA, FL 32703

Address

8956 Turkey Lake Road Suite 950
ORLANDO, FL 32819

Address

145 PALM BAY RD NE STE 110-112
MELBOURNE, FL 32904

Address

2322 E IRLO BRONSON MMRL HWY
KISSIMMEE, FL 34744

Address

1500 ALAFAYA TRAIL SUITE 1032
OVIEDO, FL 32765

Address

3801 W. LAKE MARY BLVD. SUITE 123
LAKE MARY, FL 32748

Address

1267 W. OSCEOLA PKWY.
KISSIMMEE, FL 34741

Address

13750 W. COLONIAL DRIVE SUITE 205
WINTER GARDEN, FL 34787

Address

11325 LAKE UNDERHILL ROAD SUITE 103
ORLANDO, FL 32825

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
ADAMS, CHRISTINA LAM	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9115121	11/1/2021
CRILE, COLBY	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9109879	11/15/2016
MOORE, CAITLYN POWER	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9108166	3/11/2019

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

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