



## JAMES SCOTT PENDERGRAFT IV

## License Number: ME59702

Data As Of 12/15/2025

Profession	Medical Doctor
License	ME59702
License Status	Revoked/
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2019
License Original Issue Date	04/29/1991
Address of Record	If further information is needed, please contact the Department of Health at (850) 488-0595.
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	Yes
Public Complaint	Yes

## 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
PENDERGRAFT, JAMES SCOTT	59702	MEDICAL DOCTOR	ORLANDO	FL	200104256	SUSPENSION
PENDERGRAFT, JAMES SCOTT	59702	MEDICAL DOCTOR	ORLANDO	FL	200439923	SUSPENSION
PENDERGRAFT, JAMES SCOTT	59702	MEDICAL DOCTOR	ORLANDO	FL	200567224	SUSPENSION
PENDERGRAFT, JAMES SCOTT	59702	MEDICAL DOCTOR	ORLANDO	FL	200605930	SUSPENSION
PENDERGRAFT, JAMES SCOTT	59702	MEDICAL DOCTOR	ORLANDO	FL	201004621	SUSPENSION
PENDERGRAFT, JAMES SCOTT	59702	MEDICAL DOCTOR	ORLANDO	FL	201527974	REVOCATION

## Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
PENDERGRAFT, JAMES SCOTT	59702	MEDICAL DOCTOR	ORLANDO	FL	201004621	AC FILED
PENDERGRAFT, JAMES SCOTT	59702	MEDICAL DOCTOR	ORLANDO	FL	200567224	AC FILED
PENDERGRAFT, JAMES SCOTT	59702	MEDICAL DOCTOR	ORLANDO	FL	200439923	AC FILED
PENDERGRAFT, JAMES SCOTT	59702	MEDICAL DOCTOR	ORLANDO	FL	200605930	AC FILED

Name	License	Profession	City	State	Case #	Action Taken
PENDERGRAFT, JAMES SCOTT	59702	MEDICAL DOCTOR	ORLANDO	FL	201527974	AC FILED
PENDERGRAFT, JAMES SCOTT	59702	MEDICAL DOCTOR	ORLANDO	FL	200104256	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.

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